



2025 Operation 36 Improvement Program – ages 10+



GENERAL INFORMATION:

This program offers a learning opportunity intended to help one gain the confidence and right mindset required to play a golf course at par or better. Your scoring ability is ultimately tested around the course, backwards from the hole, to identify any areas of improvement. Testing starts with playing nine consecutive holes from 25 yards in length, with the objective to score a total of 36 (or less) to advance to the next level. Next levels include the same process from 50, 100, 150, 200 and eventually the tee box yards.

ITINERARY:

- Outcomes Defined and Warm Up **5:30 PM – 5:45 PM**
- On Course Training **5:45 PM – 7:45 PM**
- Review, Cool-Down and Wrap Up **7:45 PM – 8:00 PM**

OPERATION 36 IMPROVEMENT PROGRAM FEES & INCLUSIONS:

- \$300.00 (per month billed on the 1st of each month) + HST
- Four 30-minute private coaching sessions per month (to be booked after each on course training session)

REGISTRATION & SCHEDULE 2025 (check all applicable months or sessions):

Register by email to academy@georgianbayclub.com. The maximum number of participants is 4 per session.

PROGRAM DATES & LOCATION (check all applicable dates)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> May 14 th | <input type="checkbox"/> June 11 th | <input type="checkbox"/> July 9 th | <input type="checkbox"/> August 6 th |
| <input type="checkbox"/> May 28 th | <input type="checkbox"/> June 25 th | <input type="checkbox"/> July 23 rd | <input type="checkbox"/> August 20 th |

All Wednesday Operation 36 Improvement Program Sessions at Academy at The Georgian Bay Club

PLEASE NOTE: ONCE YOUR REGISTRATION FORM IS RECEIVED, A CONFIRMATION EMAIL WILL BE SENT WITHIN 48 HOURS AND ALL REGISTRATION FEES PROCESSED. CANCELLATION REFUNDS WILL ONLY BE ISSUED IF THE VACANT SPOT IS FILLED.

Full Name: _____ Date of birth (dd/mm/yy): _____

Medical Conditions/Allergies: _____ Gender (circle): Male Female

Parent/Guardian: _____ Contact Number: _____

Email Address for Parent/Guardian: _____

Payment Information (please circle): Visa Amex MasterCard Member Account # _____

Name of Credit Card Holder: _____

Number: _____ Exp (mm/yy): _____ Amount: \$ _____

Signature: _____ Date (dd/mm/yy): _____