

# 2017 SNAG PROGRAM

**Mentel Memorial G.C.  
Start New At Golf 4 WEEK COURSE  
10:00AM - 11:00AM  
Age 5-8 COST IS \$35.00 PER JUNIOR**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GIRL \_\_\_\_\_ BOY \_\_\_\_\_ AGE \_\_\_\_\_

LEFT HANDED \_\_\_\_\_ RIGHT HANDED \_\_\_\_\_

**CLASS WILL BE HELD:**

**Age 5-8**

**SATURDAY 10:00-11:00 am**

**April 15, 22, 29 and May 6**

**Phone 614-645-3050**

**PLEASE MAKE CHECK PAYABLE TO:**

**Greg Poston**

**6005 Alkire Rd.**

**Galloway Ohio**

**43119-9088**

**I UNDERSTAND THAT BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND THAT THE PERSON IS PHYSICALLY FIT TO COMPETE IN GOLF. ALSO BY SIGNING, I DO HEREBY, FOR MYSELF, EXECUTORS, ADMINISTRATORS AND PERSONS, WAIVER RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, WHICH MAY OCCUR, OR WHICH MAY HEREAFTER OCCUR, TO THE PERSON OR AGAINST THE COLUMBUS RECREATION AND PARKS DEPARTMENT VOLUNTEERS, RESPECTIVE OFFICERS OF THE CITY, RAYMOND MEMORIAL GOLF COURSE AND ALL PERSONNEL AND/OR ASSIGNED, FOR ANY AND ALL DAMAGES, WHICH MAY BE ATTAINED BY THE ATHLETE.**

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**