



Mentel Memorial Junior 5 Day Golf Camp

July 17th –21st, 2017

Mon-Thu: 9:00a.m. – 12:00p.m.

Fri: 8:00a.m. – 12:00p.m.

Ages 7-17

Monday-Thursday: Instruction & Lunch

Friday: 9 Holes of Golf, Lunch & Prizes

\$ 175.00

\$ 165.00 for Columbus Junior Golf Pass Holders

Junior _____

Age _____ RH _____ or LH _____

Address _____

Male _____ Female _____

City _____ State _____ Zip _____

Has golf clubs: Yes _____ No _____

Home Phone _____

If applicable Golf Pass # _____

Height _____ Shoe Size _____ Hand Size (measure from wrist to end of middle finger) _____

E-Mail Address _____

Limited to 30 Juniors (10 per instructor)

Emergency Contact Information: Name _____ Phone _____

Please Make Checks Payable To: Greg Poston

Mail to: Mentel Memorial Golf Course
6005 Alkire Rd.
Galloway, Ohio 43119
Phone: (614) 645-3050

Deadline: June 28, 2017

Emergency Information and Waiver Form

Junior's Name _____

Parent Name _____

Home Phone _____

Cell Phone _____

Address _____

Parent Name _____

City _____ Zip _____

Cell Phone _____

I understand that by signing this waiver, 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 person, waive release and forever discharge any and all rights and claims for damages which may occur or which may hereafter occur to the person against the Columbus Recreation and Parks Department, The Greg Poston Golf Shop, volunteers, respective officers of the City of Columbus or The Greg Poston Golf Shop and/or assign for any and all damages which may be attained by the athlete listed above.

Parent or Guardian Signature