Junior Clinics

At the

Wembley Golf Complex

Term 4 - October 2010

Level	Age	Day	Duration	Time	Date	Cost
Level J101	5-6yrs	Mon	45min	4:15-5:00pm	Oct 25 Nov 1 8 15 22 29 Dec 6 13	$85
Level J102	5-6yrs	Tues	45min	4:15-5:00pm	Oct 26 Nov 2 9 16 23 30 Dec 7 14	$85
Level J103	5-6yrs	Sat	45min	9:00-9:45am	Oct 30 Nov 6 13 20 27 Dec 4 11 18	$85
Level J104	5-6yrs	Sat	45min	10:00-10:45am	Oct 30 Nov 6 13 20 27 Dec 4 11 18	$85
Level J105	7-12yrs	Mon	60min	4:30-5:30pm	Oct 25 Nov 1 8 15 22 29 Dec 6 13	$99
Level J106	7-12yrs	Tues	60min	4:30-5:30pm	Oct 26 Nov 2 9 16 23 30 Dec 7 14	$99
Level J107	7-12yrs	Wed	60min	4:30-5:30pm	Oct 27 Nov 3 10 17 24 Dec 1 8 15	$99
Level J108	7-12yrs	Thurs	60min	4:30-5:30pm	Oct 28 Nov 4 11 18 25 Dec 2 9 16	$99
Level J109	7-12yrs	Frid	60min	4:30-5:30pm	Oct 29 Nov 5 12 19 26 Dec 3 10 17	$99
Level J110	7-12yrs	Sat	60min	10:00:11:00am	Oct 30 Nov 6 13 20 27 Dec 4 11 18	$99
Level J111	7-12yrs	Sat	60min	4:00-5:00pm	Oct 30 Nov 6 13 20 27 Dec 4 11 18	$99
Level J201	7-12yrs	Frid	60min	4:30-5:30pm	Oct 29 Nov 5 12 19 26 Dec 3 10 17	$99
Level J202	7-12yrs	Sat	60min	4:00-5:00pm	Oct 30 Nov 6 13 20 27 Dec 4 11 18	$99

From above clinics select appropriate class and complete the enrolment form below

Enrolments can also be **made online** or over **the phone**

First Name_____ _____**Surname** _____ **Age** _____

Golf Experience Beginner Some Experience Completed Clinics

I wish to join the following clinic **(select from above table)** _____ Amount $_____

Parent/Guardian Details

First Name _____ **Surname** _____ **Telephone** _____

Email Address_____ **Mobile** _____

Do you wish to receive further information about golf tuition from the Wembley Golf Course **Yes / No**

I, the parent/guardian of the above youth, hereby give my consent to his /her participation in the Wembley Golf Course Junior classes. I hereby release the Wembley golf course, Town of Cambridge all employees, volunteers' advisor, and sponsors from any and liability in connection with his/her participation related thereto. I understand that there is a standard of conduct which is requested from all children.

In case of an emergency occurring, I the parent/guardian authorise a qualified medical doctor to take all necessary measures in the treatment of my child.

Parents/Guardian Signature _____ **Date** _____

Payment must accompany the enrolment form

Cheques made payable to the Wembley Golf Course

Credit Card Details

Type of Card Visa M/Card Amex Eftpos **No** ._ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Name on the Card_____ **Expiry Date** _ _ / _ _ **Amount$**_____

For further information contact the **Wembley Golf Course Pro Shop**

(08) 6280 1300 info@wembleygc.com.au

www.wembleygolf.com.au