



# Brighton Dale Links

## Summer Junior Golf Clinic

### Wednesday Mornings

10 AM

11 AM

NOON

*Optional Golf until 2pm  
Starts June 12<sup>th</sup> Ends July 24<sup>th</sup>*

### Thursday Mornings

10 AM

11 AM

NOON

*Optional Golf until 2pm  
Starts June 13<sup>th</sup> Ends July 25<sup>th</sup>*



**Please select any one (1) of the six clinic options above each one is limited to 25 kids.**

This 6-week program will begin with 45 minutes of PGA instruction and practice either on the practice range or the chipping/putting green. We will work on fundamentals of the game including rules, etiquette, and fun games to be played while playing golf. We will concentrate on putting, chipping, gaining distance, and put an emphasis on the basics like posture, grip and alignment. **Each week after the instruction, the golfers are welcome to play as much as they can until 2 pm.**

**COST \$175**



It is not mandatory but highly encouraged that parents walk along with juniors while they golf. It helps us ensure that each group of junior golfers has at least one chaperone. Thank you for your support.

If you have any further questions, please contact the pro shop @ 262.925.8004

---

### 2024 Junior Golf Enrollment Form

Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the participant need clubs? Yes ( ) No ( ) If Yes, Right handed ( ) or Left ( )

*We also have Jr. starter sets for sale in golf shop (It is very important to have a set that fits your child)*

**Cost: \$175** Make Checks payable to: **Brighton Dale Links** or Call and Pay by Credit Card 262-925-8004

I hereby grant permission for the above named individual to participate in the Junior Golf Clinic. I understand Kenosha County and all those connected with this program will provide the safest environment possible. I signify and understand that Kenosha County and all people connected with this program are not to be held responsible for any injuries which the above named participant may suffer while taking part in this program. In this connection, I hereby waive any claim damages to my person or property and assume all foregoing risks and accept personal responsibility for these damages. I have read this waiver and release and sign it voluntarily.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_