

# 2018 COLUMBUS SPRING JUNIOR GOLF LEAGUE

## At RAYMOND MEMORIAL GC

**Junior golfers age 7-13 Cost: \$185 per junior Matches:** Saturdays at 3:00 pm for 5 weeks, starting April 21  
**Practices: One evening per week starting the first week of April to be determined by the coach.**

Learn and have fun playing team golf at Raymond GC. Come join one of our teams now forming to compete against teams from other Columbus golf courses. For only **\$185, each participant** will receive a sleeve of golf balls, three instructional practices with a team coach (a PGA or LPGA Golf Professional), and five 9-hole competitions. Each competition is a two person scramble and teams will consist of 10-12 kids ages 7-13, both boys and girls. You cannot turn 14 before June 1, 2018. Each team will play 2-3 home matches and 2-3 away matches from April 21-May 19. Competitions are played from the Family tees and are 9 holes in length. The format is a two person scramble where two players from one team compete against two players from the other team. Each nine holes are broken into three-hole increments. After three holes, one team is awarded a point for their team. There are four matches with eight players from a team playing at a given time. After each three holes, coaches may substitute players, so all players get to play in each competition. Who plays when and with what partner is at the discretion of the coach. At the end of the competition, the team with the most points wins.

### What Columbus Spring Junior Golf League Players Receive for the \$185 fee:

Sleeve of Golf Balls      Greens fees for matches      Instruction from a PGA or LPGA coach

For more information, please contact Kelly Trent, LPGA Golf Professional at Raymond Memorial GC at (614) 645-8454 or email at [kltrent@columbus.gov](mailto:kltrent@columbus.gov). As soon as teams are formed, the team coach will contact you about the schedule.

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### 2018 Columbus Spring Junior Golf League APPLICATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Make checks payable to: **Kelly Trent Pro Shop Mail to: 2584 Edington Rd., Columbus, OH 43221**

### Emergency Information and Waiver Form

Junior's Name \_\_\_\_\_ Parent Name \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

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 Kelly Trent Pro Shop, volunteers, respective officers of the City of Columbus or The Kelly Trent Pro Shop and/or assign for any and all damages which may be attained by the athlete listed above.

\_\_\_\_\_  
Parent or Guardian Signature