



Mentel Memorial 2018 Junior Golf Camp

June 18th –22nd, 2018

Mon-Thu: 9:00a.m. – 11:30a.m.

Fri: 8:00a.m. – 12:00p.m.

Ages 7-17

Monday-Thursday: PGA Instruction

Friday: 9 Holes of Golf, Lunch & Prizes

\$ 175.00

\$ 165.00 for Columbus Junior Golf Pass Holders

Player _____

Age_____ RH_____ or LH_____

Address _____

Male_____ Female_____

City_____ State_____ Zip_____

Has golf clubs: Yes_____ No_____

Home Phone_____

If applicable Golf Pass #_____

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 11, 2018

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