

# 2023 Columbus Junior Golf League Spring Session

## Mentel Memorial GC Junior Golfers Ages 8-14

**4 Practices:** Tuesdays 6-7:00pm starting April 4    **4 Matches:** Saturdays 4-6:00pm starting April 29

Each participant will receive a team hat, golf balls, six instructional practices, and four 6-hole\* competitions.

**Team** competition is a two-person scramble and teams will consist of up to 8 players ages 8 to 14, both boys and girls.

**Tour** competition is an individual format and designed for experienced players. Players cannot turn 15 before May 21, 2023.

Each team will play 4 matches at Mentel Memorial from April 29 through May 20\*.

**Team** competitions are played from the Family tees and are 6 holes in length, but ALL players may play up to 9 holes if they finish teeing off their 9<sup>th</sup> hole by 6:00pm.

**Tour** matches will be played from appropriate tees based on age and experience. After six holes, one team is awarded a point for their team. At the end of the competition, the team with the most points wins. There are NO subs – all players will play each hole. ALL matches will be played at Mentel Memorial GC on Saturdays at 4:00 p.m.

**Match Schedule:** April 29: Mentel, May 6, May 13, May 20 – \*Rainout Makeup Date(s) May 27, June 3 (if necessary)

**Practice Schedule:** April 4, April 11, April 18, April 25 Rainout Makeup Date(s) May 2, May 9 (if necessary)

**Deadline: March 31, 2023 or first 16 paid players, whichever comes first**

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### 2023 Columbus Junior Golf League APPLICATION – Spring Session

Name \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Division:** TOUR OR TEAM (circle one)

Parent Name \_\_\_\_\_

Phone \_\_\_\_\_

Make checks payable to: **Greg Poston Pro Shop** Mail to **6005 Alkire Rd. Galloway, OH 43119**

### Emergency Information and Waiver Form

Parent Name \_\_\_\_\_

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

PAID \_\_\_\_\_ METHOD \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_