

2026 Raymond Memorial July Junior Golf Camp

The golf professionals at Raymond Memorial Golf Course are offering a junior golf camp for boys and girls ages 5 to 17. The dates are July 6-10, 2026. Classes will be 9:00 a.m. to 12:00 p.m. Monday through Friday. We will distribute awards and prizes on the last day. The cost for this camp is \$285.00 per golfer. Golfers without their own clubs may borrow clubs from the course while at camp. We will enroll a maximum of 70 students. Camp reaches capacity quickly, so get your entry in soon so that you do not miss the fun!

Please complete the application below and send in with the payment.
Make check for \$285.00 payable to: Kelly Trent Pro Shop

New for this year, you can use your credit card. Fill out credit card information at the bottom of page 2

(NO REFUNDS)

REMINDER: PUT THIS ON YOUR REFRIGERATOR AND DO NOT MISS THE DEADLINE!

MONDAY	JULY 6:	9:00 A.M. - 12:00 P.M.
TUESDAY	JULY 7:	9:00 A.M. - 12:00 P.M.
WEDNESDAY	JULY 8:	9:00 A.M. - 12:00 P.M.
THURSDAY	JULY 9:	9:00 A.M. - 12:00 P.M.
FRIDAY	JULY 10:	9:00 A.M. - 12:00 P.M.

Registration is on a first come, first served basis. Classes fill quickly, as this is a very popular camp.

Please call 614-832-7569 if you have any questions and ask for Kelly Trent or email

kltrrent@columbus.gov

**MAIL TO: KELLY TRENT
2584 EDINGTON ROAD
COLUMBUS, OHIO 43221**

**RAYMOND MEMORIAL GOLF COURSE
2026 JUNIOR GOLF CAMP APPLICATION
JULY 6-10, 2026**

NAME_____

HOME PHONE_____

ADDRESS_____

CITY_____STATE_____ZIP_____

E-MAIL _____

MALE_____FEMALE_____BIRTH DATE_____AGE_____

PARENT NAME_____WORK PHONE_____

PARENT NAME_____WORK PHONE_____

DOES GOLFER HAVE OWN CLUBS? Check one: YES _____NO_____

LEFT-HANDED_____RIGHT-HANDED_____

PLAYING EXPERIENCE Check One YES_____NO_____

IN CASE OF EMERGENCY:

NAME_____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 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_____

FEE: \$285.00 (NO REFUNDS) CHECK_____ CASH _____ CHECK (Payable to Kelly Trent Pro Shop)

☐ VISA ☐ MASTERCARD

Card #:_____

Exp. Date: _____ 3 Digit Code_____

Name on Card: _____

MAIL TO: KELLY TRENT 2584 EDINGTON ROAD COLUMBUS, OHIO 43221



PHOTOGRAPHY/VIDEOTAPING AUTHORIZATION, WAIVER AND RELEASE

The undersigned hereby acknowledges and grants the City of Columbus permission to use their likeness in a photograph or video in any and all of its publications, including websites and social media pages, without payment or any other consideration.

The undersigned agrees that these photos/videos are the property of the City of Columbus.

The undersigned hereby irrevocably authorizes the City of Columbus to edit, alter, copy, exhibit, publish or distribute the photo/video for purposes of publicizing the City of Columbus's programs or for any other lawful purpose. In addition, the undersigned waives the right to inspect or approve the finished product, including, written or electronic copy, wherein their likeness appears.

Please sign below:

_____ PARTICIPANT NAME

_____ PARENT/GUARDIAN NAME

_____ SIGNATURE _____ DATE