

2019 Judy Dinsmore Junior Golf Camp

Union City Country Club

9400 Club Road P.O. Box 108 Union City, PA 16438

Dates: June 17th, June 19th and June 21st (Monday, Wednesday, Friday)

Time: 9:00- 12:00, Lunch, prizes and T-Shirts provided on the last day, after camp.

For golfers between the ages of 5 and 14.

Parents are responsible for rides to and from the golf course. Each golfer must supply his/her own golf balls and clubs.

Payment Options:

JD Jr. Golf Camp	\$50 (Camp Only)
Jr Membership & Camp	\$150 (Camp, 7 week Jr. Golf League, Golf anytime for Jr. Golfer)
Family Membership & Camp	\$750 (Camp, 7 week Jr. Golf League, Golf anytime for entire family)

Our program is designed to accommodate the various playing abilities and to aid in preparing junior golfers for future opportunities. Course etiquette, rules of golf, and group instruction in the basics of golf will be stressed throughout the program. Volunteers will accompany groups of junior golfers and help with instruction.

As always, we greatly appreciate your support of this valuable program for the youth of our communities. Our ability to provide the Junior Golf program is only made possible through countless donations. We are in need of volunteers.

**If you have any question, please contact the Union City ProShop: 438-2810
or Call or Text Nova Dinsmore: 814-602-0269.**

Join us after Junior Golf, in the Club House, for one of our daily lunch specials.

All Applications Due: Friday, May 31st

Name _____ Age _____

Please Circle Ability: Beginner Intermediate Advanced

T-Shirt Size: Youth: S M L Adult: S M L XL

_____ has my permission to participate in the Judy Dinsmore Jr. golf Camp at Union City Country Club. I do not hold the Union City Country Club or anyone related to the golf camp responsible for any accident that might occur. In case of an emergency, you have my permission to transport my child to the nearest emergency facilities and notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any HEALTH PROBLEMS of junior participant:

Allergies: _____

Parent/Guardian Name: _____

Phone: _____

E-mail: _____

Signature: _____

Paid: _____ Cash _____ Check

