



Montville Recreation Department's
GOLF CLINICS for JUNIORS
Level 1



WHO: Ages 6 to 15

WHAT: Twin Willows Golf Academy's Level 1 Golf Clinic is a weekly clinic designed to teach juniors basic golf terminology, rules, and etiquette. Your junior will learn the fundamentals of the game including grip, set up, stance and posture. Students will also be instructed on the full swing, chipping, putting, pitching and bunker shots. This clinic is specifically designed for juniors to get them comfortable and confident on the golf course. NOTE: *Golf Clubs will be provided if needed during the clinic or bring your own!*

WHERE: Twin Willows Par 3 Golf Course located at 167 Ryerson Road in Lincoln Park.
Need Directions? Call: 973-646-8999 or email at: nicole@twinwillowspar3.com

WHEN:

SESSION	DAY & DATES	TIME
1	Saturdays: September 7, 14, 21 & 28	1:00pm to 2:00pm
2	Saturdays: October 5, 12, 19 & 26	1:00pm to 2:00pm

Rainouts on Sundays



INSTRUCTORS: Twin Willow's Head Golf Pro, Jeff Ward and/or teaching staff

FEE: \$129.00 per person per 4 (four) week clinic.
NOTE: *There will be a \$20.00 processing fee for program refunds PRIOR to program start!*

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

- In Person on the Rec Desk Kiosk (*Check, Cash with No Fees and/or Credit Card with a 3% Fee*)
- On-Line from Home (*Echeck with 1% Fee OR Credit Card with 3% Fee*)
- Payment Drop Box in Municipal Building's Parking Lot (*Check Only...must have family page set up on Community Pass*)
- Snail Mail (*Check Only...must have family page set up on Community Pass*)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>
 To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



GOLF CLINICS for JUNIORS — Fall 2019

Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Cell Phone # _____

Secondary Contact Name/Relation/Cell Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

PLEASE CIRCLE SESSION CHOICE/S: 1—Sept 7-28 2—Oct 5-26

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this class.
 I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (7/24/19): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **Program # 832**