

SNAG GOLF at Idyl Wyld

For JUNIOR GOLFERS
 Ages 5-8 years
 Must be 5 yrs of age by June 14, 2021
Starting New At Golf
 Easy to Learn and Fun to Play!

Your young golfer will learn the basic fundamentals of the game, along with the proper rules and etiquette. Instructors will use colorful and unique equipment in a SAFE and ENJOYABLE environment.



\$54



SESSIONS MEET MONDAYS, FOR FOUR CONSECUTIVE WEEKS

Session 1 begins June 14th June 14, June 21, June 28 and July 5	Session 2 begins July 12th July 12, July 19, July 26 and August 2	Session 3 begins August 9th Aug 9, Aug 16, Aug 23 and Aug 30
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OPEN REGISTRATION at Fox Creek G.C. (Mon-Thurs 10:00 am-6:00 pm).
 Register after April 1st, 2021 at Idyl Wyld (Daily 7:00 am-7:00 pm).

The golf course is responsible for canceling a play date. There will be NO make-up days for any other missed dates.



2021 SNAG REGISTRATION FORM

Please complete and return with full payment of \$54 - CHECKS PAYABLE TO TJW, INC.



Place an "X" in the preferred session and time slot according to the level of the participant.
SNAG meets once a week on Mondays, for four consecutive weeks.

Session #1 Begins the week of June 14 June 14, June 21, June 28 and July 5	Session #2 Begins the week of July 12 July 12, July 19, July 26 and August 2	Session #3 Begins the week of August 9 Aug 9, Aug 16, Aug 23 and Aug 30
<input type="checkbox"/> 10:00am-10:45am <input type="checkbox"/> 11:00am-11:45am	<input type="checkbox"/> 10:00am-10:45am <input type="checkbox"/> 11:00am-11:45am	<input type="checkbox"/> 10:00am-10:45am <input type="checkbox"/> 11:00am-11:45am

Participant's Name _____ Male Female Age as of 6-14-21 _____ Date of Birth _____

Address _____ City _____ Zip _____

Phone No. () _____ Current School _____

Parent Email Address: _____

Participant/Parent Note: The City of Livonia Golf Division, its officials and representatives, either employed or voluntary, assume no responsibility whatsoever for any injury by the participant in the Golf Division activity. Further, to the best of my ability, I hereby certify that my child is in good health and physically able to participate in this activity. My child and I agree to abide by the rules and regulations of the Golf Division. I also grant permission to use photographs taken of me/my child for departmental advertisement.

PARENT/LEGAL GUARDIAN NAME: _____

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT NUMBERS: _____

Idyl Wyld Golf Course
 35786 Five Mile Rd., Livonia MI 48154 • (734) 464-6325
 www.golflivonia.com

**CHECKS PAYABLE TO:
 TJW, INC.**
 FULL PAYMENT due with registration.
 Full Refund (less \$5) before 1st week.
 NO REFUND once session begins.