

# SNAG GOLF at Idyl Wyld

**For JUNIOR GOLFERS**  
Ages 5-8 years  
Must be 5 years old by June 17, 2024  
**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.



# \$99



**SESSIONS MEET MONDAYS, FOR FOUR WEEKS**

**Session 1 begins June 17**  
June 17, June 24, July 1, July 8

**Session 2 begins July 22**  
July 22, July 29, August 5, August 12

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



## 2024 SNAG REGISTRATION FORM

Please complete and return with full payment of \$99 - CHECKS PAYABLE TO TJW, INC.

Sign up in person at Idyl Wyld, or call with registration information and payment.

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 weeks.**



Session 1 begins June 17th June 17, June 24, July 1 and July 8	Session 2 begins July 22nd July 22, July 29, August 5, August 12
<input type="checkbox"/> 10:00am-10:45am	<input type="checkbox"/> 10:00am-10:45am
<input type="checkbox"/> 11:00am-11:45am	<input type="checkbox"/> 11:00am-11:45am

Participant's Name \_\_\_\_\_

Age as of 6-17-24 \_\_\_\_\_

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 1<sup>st</sup> week.  
NO REFUND once session begins.