

SNAG GOLF at Idyl Wyld

For JUNIOR GOLFERS
Ages 5-8 years
Must be 5 yrs of age by June 16, 2025
Starting New At Golf
Easy to Learn and Fun to Play!

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

LEVEL 1

Golf instructors provide the basic fundamentals of the game with the use of colorful and unique equipment, along with the proper rules and etiquette, in a SAFE and ENJOYABLE environment.



\$110

One session



LEVEL 2

Instructors build on the fundamentals taught in Level 1, going more in depth with rules and etiquette, while adding more advanced training aids to the class.

\$200

For two sessions



SESSIONS MEET MONDAYS FOR FOUR CONSECUTIVE WEEKS

<p>Session 1 begins June 16th June 16, June 23, June 30, July 7</p>	<p>Session 2 begins July 21st July 21, July 28, August 4, August 11</p>
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OPEN REGISTRATION at IDYL WYLD GOLF COURSE

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



**I D L
W L D**

2025 SNAG REGISTRATION FORM

Please complete and return with full payment. 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 16 June 16, June 23, June 30 and July 7	Session #2 Begins the week of July 21 July 21, July 28, August 4, August 11
<input type="checkbox"/> Level 1 10:00am-10:45am <input type="checkbox"/> Level 1 11:00am-11:45am	<input type="checkbox"/> Level 1 10:00am-10:45am <input type="checkbox"/> Level 2 11:00am-11:45am

Participant's Name _____ Age as of 6-16-25 _____ Date of Birth _____

Primary 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: _____

**CHECKS PAYABLE TO:
TJW, INC.**

FULL PAYMENT due with registration.
Full Refund (less \$5) before 1st week.
NO REFUND once session begins.

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