



VESPER HILLS JR. Golf Clinics and League

Featuring: Karen Lang, PGA Professional

3 Time PGA Jr. Golf Leader-Central NY Section-1999, 2001, 2002

Robbie Phelps, PGA Vesper Hills Head Golf Professional

**Vesper Hills Junior Golf Consist of Boys & Girls AGES 8-14 5
days of play/ - 3 hours each date 8:00AM-11:00AM**

****** Juniors must have their own clubs******

Juniors can play on course or participate in instruction

**Etiquette and rules, Short Game, Iron Play, Driver Play, Special situations,
Games and activities. Checkpoints for course play, Discounts on future lessons**

Dates of Instruction:

Tuesday's- July 9,16,23,30, Aug. 6

Tuesday August 6th Capt & Crew & Hot dog roast

August 13th may be used for a rain date

Call Karen Lang (607) 423-4653 for more information.

80.00 Per Jr. Golfer/ 60.00 Vesper Members

Kiddie Clinics AGES 5-8 Beginners

******Kids must have their own clubs-Only need a few clubs that fit******

6:00PM-7:00 PM-4 Evenings

Tuesday- July 9,16,23,30

Instruction of the little ones with Adult

This program is multi-generational program that has adults help with instruction of their little ones. Each child must have an adult (over the age of 21) to help with instruction. Adults will be guided as to how to help their golfer learn the basics of the swing and have fun along the way. You might even learn something to help your swing!

50.00 Per Jr. Golfer/ 30.00 Vesper Members

Call Karen Lang (607) 423-4653 for more information.

PLEASE NOTE: WE MUST HAVE A MINIMUM OF 6 KIDDIES

(If we don't reach the minimum, this program is subject to cancellation)

If you have a son or daughter that plays competitively please have them consider the Central New York Jr. Tour. See CNY.PGA.Com for details

VESPER HILLS JR. Golf Clinics and League Registration FORM

I, as a participant, and the parent or guardian named below agree to hold harmless VESPER HILLS Golf Club, its employees, agents, and volunteers from any and all damages, claims or causes of action which may arise from the participant's involvement in golf activities at VESPER HILLS Golf Club, including, but not limited to medical expenses and other costs related to any injuries suffered as a result of such participation. I agree, as a participant, to be responsible for any damages or injury as a result of my actions. I understand, as the participant and parent, that a Junior Membership can be suspended or revoked at any time for any actions that may cause harm to other participants, patrons, employees, or the golf course itself.

Junior Members must always be dressed appropriately at the golf course. T-shirts and cut off shorts are not permitted.

Participant's Signature: _____

CHILD NAME	PROGRAM (CIRCLE)	PRICE (CIRCLE)	DATE OF BIRTH	AGE	Experience Play on own?
		80 60 50 30	/ /		Yes or No
		80 60 50 30	/ /		Yes or No
		80 60 50 30	/ /		Yes or No

Parent/Guardian Signature: _____ Date _____

Total _____

Parent Name _____ Vesper Hills Member? Yes or No

Parent Email _____

Parent Cell Phone _____ Text? Yes of No (circle)

Emergency Contact Name _____ Relationship _____

Phone _____ Any Medical Conditions?

Make checks out to Vesper Hills G.C.

Mail Registration form and Check to Vesper Hills Vesper Hills GC 4291 Octagon Rd. Tully, NY 13159