

SUMMER GOLF PROGRAM - I

WHAT: The Arrowhead Beginner Summer golf program will be held during the week of June 11th – 14th. Each session will be approximately 50 minutes in length. Each participant will receive a pass for 9 holes at a local golf course. Instruction will include the basics of golf along with golf etiquette and basic rules. Mike Breaker, Head Girls Golf Coach along with the AHS Varsity Golfers will provide the instruction. Sessions will be at Goetz's Driving Range. There will be approximately 20 students per session. A minimum of 8 students per session is needed. In the event of rain, Friday will be used as a makeup day.

WHEN:	<u>Session I</u>			<u>Session II (if needed)</u>		
	Monday	June 11	9:00 – 9:50 a.m.	Monday	June 11	10:00 – 10:50 am
	Tuesday	June 12	9:00 – 9:50 a.m.	Tuesday	June 12	10:00 – 10:50 am
	Wednesday	June 13	9:00 – 9:50 a.m.	Wednesday	June 13	10:00 – 10:50 am
	Thursday	June 14	9:00 – 9:50 a.m.	Thursday	June 14	10:00 – 10:50 am

*Assume registration is for session #1. If session #1 fills, you will be notified regarding session #2

WHERE: Goetz's Driving Range (3 miles east of AHS on Hwy K)

WHO: Any student Grades 4-10 interested in learning the basics of golf. Sessions need a minimum of 8 to be held.

EQUIPMENT: Weather appropriate clothing and access to golf clubs. Students should bring a short (8 - PW), a mid-iron (4-7), and a wood to the first class.

COST: \$60/student – Make checks payable to Michael Breaker

QUESTIONS: Contact Mike Breaker at 262-966-3382 or email at oldparbreaker@hotmail.com

ARROWHEAD SUMMER GOLF CAMP

PLEASE PRINT !!!

NAME _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ E-MAIL _____

MALE _____ FEMALE _____ SCHOOL NOW ATTENDING: _____

GRADE AS OF Fall 2012 _____ SESSION: _____

I approve of my child participating in this Golf Program. I do not hold the program, Arrowhead High School, or the staff liable while my child is participating in this program. I acknowledge that I must have adequate health insurance to cover any injuries while involved in this program.

Signature of Parent/Guardian

Date

**Please return to: Mike Breaker, Arrowhead High School, 800 North Ave., Hartland, WI 53029
PLEASE MAKE CHECK PAYABLE TO: Michael Breaker**