GOLF SESSIONS AT ST WILFRID'S SCHOOL

(Autumn 2018)

DAY: Friday **TIME:** 3.30pm - 4.30pm **COST:** £55.00 (10 WEEKS)

DATES: 14th, 21st, 28th Sep. 5th, 12th, Oct. 2nd, 9th, 16th, 23rd, 30th Nov

Children are invited to join these fun golf sessions.

No previous golf experience is necessary.

Sessions are run by our experienced Coaches.

In these sessions children will take part in a wide variety of individual and group games/challenges that will develop skills and love for the game.

Sessions will take place in the school hall (playground/school field weather depending!)

A GOLDEN GOLF BALL will be awarded each week which rewards outstanding performances and behaviour.

We aim to provide every child the opportunity to Play, Learn & Compete delivering engaging and appropriate experiences to each child every time.

Places are limited to 16 children, to book a place please email info@brightonjuniorggolf.co.uk with all details and pay online. ***Please DO NOT return forms/payment to the school office.*** *Places will be allocated on a first come first served basis and a reserve list will be complied for those who are not fortunate to be amongst the first 16.*

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Please complete the form below. You can pay bank transfer (NP GOLF, Barclays Bank, Sort Code 20-49-76 Account Number 93114112 - CHILD'S NAME & SCHOOL NAME AS REFERENCE)

Childs' Name:..... DOB.....

Age:..... School Yr ..... Male [ ] Female [ ] Parent's Name .....

Address .....

.....Post Code .....

Tel (Day):.....Tel (Emergency):.....

E-Mail (please print clearly).....

Medical Conditions:.....

Medication:.....

Places are limited to 16 children, and will be allocated on a first come first served basis
To book a place please email info@brightonjuniorgolf.co.uk with all details and pay online.
Please DO NOT return forms/payment to the school office.

Paid Date | **Online Transfer**

Parent / Guardian - Please tick

- ☐ I have read and understood this form, and all details entered are accurate to the best of my knowledge.
- ☐ I give my permission for my child to attend the golf sessions and receive, in my absence, any first aid if deemed appropriate.
- ☐ I give my permission for photos/video footage to be taken of my child during the sessions. *(Will be used on social media, marketing, promotions & workshops. No names will be mentioned in photos)*
- ☐ I give my permission to be emailed occasionally about the sessions and other follow on opportunities for my children and family.

Signed:..... Date:.....

For more information please call 01273 921135
Or email info@brightonjuniorgolf.co.uk