GOLF LESSONS
Camas Meadows Golf Club in association with Camas Community Education is offering Golf lessons this spring for youth.
For more information call (360)833-5544 or go to camascommunityed.org

Junior Skill Building, Ages 6-11
Learn golf fundamentals from an experienced and professional staff at Camas Meadows Golf Club. You will learn pre-swing to in-swing fundamentals, basic golf etiquette and some basic golf rules. The last day will be a course introduction. If you have clubs, please bring them. No prior experience is needed.
Date: Sundays, April 17-May 15 (no class May 8) Time: 2:00-3:00 PM Fee: $80 Code: #3040-16
Date: Sundays, May 22 -June 19 (no class May 29) Time: 2:00-3:00 PM Fee: $80 Code: #3041-16
Location & Instructors: Camas Meadows Golf Club
Maximum enrollment is 6 students per class - Register early!

Skill Building, Ages 12-17
Learn golf fundamentals from an experienced and professional staff at Camas Meadows Golf Club. You will learn pre-swing to in-swing fundamentals, basic golf etiquette and some basic golf rules. The last day will be a course introduction. If you have clubs, please bring them. No prior experience is needed.
Date: Sundays, April 17-May 15 (no class May 8) Time: 4:00-5:30 PM Fee: $90 Code: #3042-16
Date: Sundays, May 22 -June 19 (no class May 29) Time: 4:00-5:30 PM Fee: $90 Code: #3043-16
Location & Instructors: Camas Meadows Golf Club
Maximum enrollment is 6 students per class - Register early!

Mail Registration Form to: Camas Community Ed, 841 NE 22nd Avenue, Camas, WA 98607
Register online at camascommunityed.org, 360-833-5544

Student’s Name: _______________________________
Parent’s Name: _______________________________
Age: _________ Grade: ____________ School: ________________
Phone: ___________________________ Phone #: _______________________
Address: __________________________ City/Zip: _______________________
Email Address: ______________________________

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Total Enclosed: $________

I have my permission to participate in this CCE activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child’s image may be used for CCE and CSD promotional purposes.

Parent/Guardian Signature: _______________________________ Date: ________________________

Office Use Only: Cask/Check#: ___________________________ Entered by: ______________________