



Monthly Pee Wee Golf Instruction Programs at The Bucks Club

Juniors Ages 5-7

Cost: \$100/Student

Program Minimum is 3 students, Maximum is 8 students

<i>Session 1 – Thursday – May 2, 9, 16</i>	<i>5:00-5:30 pm</i>
<i>Session 2 – Thursday – June 6, 13, 20</i>	<i>5:00-5:30 pm</i>
<i>Session 3 – Thursday – July 11, 18, 25</i>	<i>5:00-5:30 pm</i>
<i>Session 4 – Thursday – August 8, 15, 22</i>	<i>5:00-5:30 pm</i>

Note: If Thursdays fill up, and there is still demand, I may add a Tuesday clinic

Golf Skill Instruction “FUN-damentals”

- Set up: Grip, Stance, Posture, Alignment
- Putting, Chipping & Pitching
- Full Swing – Irons/Woods

Golf Basics Instruction

- Golf Etiquette, Basic Rules, Safety
- Golf Facility Orientation, Equipment

Group Lesson Topics

When students complete the four-lesson experience, they will:

- Have a basic skill and foundation to begin to play the game
- Understand the difference between golf clubs
- Be able to play golf safely
- Understand the various areas of the golf course
- Know how to execute basic golf skills confidently

Sincerely,

Jamie Shaffer

Jamie Shaffer,
PGA Teaching Professional
The Bucks Club

The Bucks Club
2024 Pee Wee Golf Instruction Program Application

NAME: _____ AGE: (5-7) _____

ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

WILL YOUR CHILD NEED EQUIPMENT? _____ RIGHT OR LEFT HANDED _____

Session 1: Thursday, May 2, 9, 16 5:00-5:30 pm ___ \$100

Session 2: Thursday, June 6, 13, 20 5:00-5:30 pm ___ \$100

Session 3: Thursday, July 11, 18, 25 5:00-5:30 pm ___ \$100

Session 4: Thursday, August 8, 15, 22 5:00-5:30 pm ___ \$100

If signing up for more than one session, please make a note on the form.

Session Size is Limited to a Minimum of 3 Students to a Maximum of 8 Students

Only cash or checks will be accepted. All checks made payable to Jamie Shaffer.

Spots may be held via text or phone, but will only be GUARANTEED when the registration form AND payment are received.

Because of the limited size groups, there are no refunds. However, you can switch to a different session if there is room. All changes must be made at least 1 week before the session you are moving from begins.

Emergency Contact Information

Parent or Guardian to contact in case of emergency: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Family Physician: _____ Phone: _____

In case of emergency, do we have the authority to call 911 and have appropriate measures taken to properly care for your child? YES NO (please circle and initial) _____

Payments must be either cash or check.. Makes all checks payable to: Jamie Shaffer. By my signature, I indicate that I fully understand there is no refund and that I shall abide by all rules and regulations of the Management.

Signature: _____ Date: _____

Please return form with payment. Mail to: Jamie Shaffer, 211 Jefferson Avenue, Horsham, PA 19044. For any questions please contact Jamie at 215-915-3809 or shaffer004@aol.com Visit us at www.thebucksclub.com/instruction