

# 2026 Bristol Oaks Junior Golf Clinic

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Junior Clinic Fee: \$150.00

Lead Instructor: Andrew Troyanek, PGA Head Golf Professional

Dates: 5 Tuesdays from June 23<sup>rd</sup> – July 21<sup>st</sup>

Time Slots (Circle one): 10:00 am - 11:00 am

11:00 am – 12:00 pm

1:00 pm – 2:00 pm

2:00 pm – 3:00 pm

\*Limited to first 12 per time slot

\_\_\_\_ I hereby give permission for my child, named above, to participate in the golf clinic. I give my permission for my child to receive emergency treatment in case I cannot be located. As consideration for being permitted to participate in activities sponsored by Bristol Oaks and/or using equipment of said club, each participant agrees to assume all liability for injury and/or damage resulting from such participation and further agrees to hold Bristol Oaks free and harmless on account of any act of omission or commission or negligence on the part of said club, staff or volunteers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_