



# 2024 JUNIOR SKILLS DEVELOPMENT PROGRAM



**Wednesdays: June 19<sup>th</sup>, June 26<sup>th</sup>, July 10<sup>th</sup>, July 17<sup>th</sup>**

We are extremely excited to announce the kickoff of our 4 week 2024 Junior Skills Program at Fox Valley Golf Club. This fun skill development program is led by Golf Professional Mitch Schaeuble with assistance from the Golf Operations Staff.

The 2024 Junior Golf Program is open to any Members' children, grandchildren, nieces and nephews. Also, our 'Bring a Friend Program' allows your child, grandchild, niece or nephew to invite a friend to participate in the program experience with them. This feature is being added to encourage even greater participation in the fun learning experience. **Junior Camp cost is \$100 per student for Members and \$120 per student for 'Bring a Friend Program' participants.** Fee covers instruction, practice balls, and weekly competition prizes.

**PLEASE CHECK MARK WHICH SESSION YOUR JUNIOR GOLFER CHOOSES TO PARTICIPATE IN**

## SESSION #1

INTRODUCTORY/BEGINNER SKILL LEVEL

8:00am – 9:15am

SELECT THIS SESSION (v): \_\_\_\_\_

## SESSION #2

INTERMEDIATE/EXPERIENCED SKILL LEVEL

9:30am – 10:45am

SELECT THIS SESSION (v): \_\_\_\_\_

To sign-up, please mail registration form with check or bring registration form with cash or check to the Golf Shop. Mail to: FVGC - Junior Golf, PO Box 38, Kaukauna, WI 54130. Make check out to Fox Valley Golf Club. Registration Form with payment must be received by **Friday, June 14<sup>th</sup>**.

**If you have questions, please contact Mitch Schaeuble at 920-766-1340x1 or [mitch@foxvalleygolfclub.com](mailto:mitch@foxvalleygolfclub.com)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Member or Guest

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

*By signing below, I acknowledge that I am the parent and/or guardian of the above registered child/children. I hereby authorize Fox Valley Golf Club to administer first aid and/or medical care in the event my child/children is/are hurt. I release FVGC, its owners, employees and associates from any and all liability that results except those caused by negligence from the Club, owners or staff. I also understand that my child/children will be under the supervision of the golf staff 15 minutes prior to the start of camp, throughout camp and up to, but no longer than, 15 minutes after the end of camp each day. Be sure to be punctual on your child's pickup to ensure their safety.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shop Use Only: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Staff Initial \_\_\_\_\_ Date: \_\_\_\_\_