



2018 Active Start – ages 3 to 6



GENERAL INFORMATION:

This exciting and educational program has been designed to introduce young children to the basic fundamental movement skills and help build overall motor skills required in sport. Basic key concepts will be introduced including grip, stance, balance and swing in a safe and fun environment.

ITINERARY:

- Registration at The Academy and Introductions **9:30 AM – 9:35 AM**
- Rotating Training Stations **9:35 AM – 10:10 AM**
- Review, Wrap-Up and Celebration **10:10 AM – 10:15 AM**

ACTIVE START FEES:

- \$20.00 (per day) + HST

REGISTRATION & SCHEDULE 2018:

May be made in person at the Golf Shop, by email at sbell@georgianbayclub.com, or by fax at 519.599.9969.

PROGRAM DATES & LOCATION

<input type="checkbox"/> Sunday, May 6 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, May 13 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, May 20 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, May 27 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, June 3 rd	The Georgian Bay Club	<input type="checkbox"/> Sunday, June 10 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, June 17 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, June 24 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, July 1 st	The Georgian Bay Club	<input type="checkbox"/> Sunday, July 8 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, July 15 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, July 22 nd	The Georgian Bay Club
<input type="checkbox"/> Sunday, July 29 th	The Georgian Bay Club		
<input type="checkbox"/> Sunday, August 5 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, August 12 th	The Georgian Bay Club
<input type="checkbox"/> Sunday, August 19 th	The Georgian Bay Club	<input type="checkbox"/> Sunday, August 26 th	The Georgian Bay Club

PLEASE NOTE: LOCATION AND/OR TIME IS SUBJECT TO CHANGE AND IT IS THE PARTICIPANT'S RESPONSIBILITY TO COORDINATE TRANSPORTATION TO AND FROM ALL FACILITIES

Full Name: _____ Date of birth (dd/mm/yy): _____

Medical Conditions/Allergies: _____ Gender (circle): Male Female

Parent/Guardian: _____ Contact Number: _____

Email Address for Parent/Guardian: _____

Payment Information (please circle): Visa Amex MasterCard Member Account # _____

Name of Credit Card Holder: _____

Number: _____ Exp (mm/yy): _____ Amount: \$ _____

Signature: _____ Date (dd/mm/yy): _____