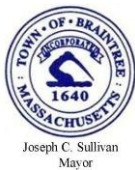


Golf for Women at Braintree

Pam Kiley, Instructor & Director of Women's Clinics
Questions: Contact Pam at GOLF101@BELD.NET



Women's 2019 Clinics MAY, JUNE, JULY, AUGUST



WOMEN'S CLINICS: One hour group lesson ideal for the beginner golfer who wants to learn how to play golf or the intermediate golfer who needs to fine tune her swing or short game. Each week we will work on the fundamentals of the GOLF SWING (grip, stance, balance, alignment, back swing, impact, follow through) and the SHORT GAME (chipping, putting, sand shots). At the end of the fourth lesson, we will take the new and or intermediate women golfer out on the golf course to play a hole and go over rules, etiquette and course management. Our goal is to make women feel confident and ready to play golf on their own. Space is limited.

TUESDAY Women's Night CLINIC

TUE1: May 7, 14, 21, 28	Cost: \$110 for 4 week clinic	6pm & 7pm
TUE2: June 4, 11, 18, 25	Cost: \$110 for 4 week clinic	5 pm & 6 pm & 7pm
TUE3: July 9, 16, 23, 30	Cost: \$110 for 4 week clinic	5:30 pm & 6:30 pm
TUE4: August 6, 13, 20, 27	Cost: \$110 for 4 week clinic	5:30 pm & 6:30 pm

WEDNESDAY Women's Night CLINIC

W1: May 8, 15, 22, 29	Cost: \$110 for 4 week clinic	5pm & 6pm & 7pm
W2: June 5, 12, 19, 26	Cost: \$110 for 4 week clinic	5pm & 6pm & 7pm
W3: July 10, 17, 24, 31	Cost: \$110 for 4 week clinic	5pm & 6pm
W4: August 7, 14, 21, 28	Cost: \$110 for 4 week clinic	6pm

THURSDAY Women's Night Clinic

TH1: May 9,16,23,30	Cost: \$110 for 4 week clinic	6pm & 7pm
TH2: June 6, 13, 20, 27	Cost: \$110 for 4 week clinic	5pm & 6pm & 7pm
TH3: July 11, 18, 25, Aug 1	Cost: \$110 for 4 week clinic	5pm & 6pm
TH4: August 8, 15, 22, 29	Cost: \$110 for 4 week clinic	6 pm

- **Private Lessons are also available with Pam:** email Pam at golf101@beld.net

Women's Golf Clinic Registration Form

NAME _____ EMAIL: _____

Phone: _____ Address: _____

COST: \$110 non-refundable, payable to Town of Braintree-Golf

PLEASE CHECK Month, Day & Time

MONTH: _____ DAY: _____ TIME: _____
(May, June, July or August) (Tuesday, Wednesday or Thursday) (See class times above)

Sign up in person at the Braintree Golf Course Pro Shop

Or mail registration to: Braintree Golf Course, Attn: Pam Kiley 101 Jefferson Street, Braintree, MA 02184

Checks payable to Town of Braintree-Golf Course, MasterCard/Visa accepted. Payment

DO YOU NEED TO BORROW CLUBS? : IF yes RIGHT HANDED or LEFT HANDED



Mayor Joseph C. Sullivan

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____, do hereby consent to my participation in voluntary or recreation programs of the Town of Braintree.

I also agree to forever release the Town of Braintree and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town of Braintree ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of Braintree's voluntary activities or recreational programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town of Braintree's voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town of Braintree as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities Town of Braintree or recreation programs.

Participant Signature or Parent/Guardian (if under 18):

Date:
