

GET GOLF READY IN 5 DAYS!



<http://www.playgolfamerica.com/ggr/>

GET GOLF READY

Adult Golf Classes at Whispering Willows



Whispering Willows

The GET GOLF READY program is designed to teach you in five short lessons everything you'll need to know to step onto a golf course and play with confidence. Lessons will include on-course activities guided by golf professionals who will make sure you have fun each step of the way.

Five-Week Sessions Beginning in April

Session 1 - Monday or Wednesday 7:00PM

April 29- May 29, 2019

Session 2 - Monday or Wednesday 7:00PM

July 8 - August 7, 2019



FIVE INSTRUCTIONAL EVENING

NO EXPERIENCE OR EQUIPMENT NECESSARY

Programs are available for purchase at Golf Livonia's online store.

<https://www.golflivonia.com/online-store/>

REGISTER NOW FOR SUMMER

Whispering Willows
248-476-4493

Fox Creek
248-471-3400

Idyl Wyld
734-464-6325

Golf course is responsible for cancelling a class.

If class is cancelled by the course, a make-up will be rescheduled.

There will be NO make-up days for any other missed dates.

GET GOLF READY IN FIVE DAYS - 2019 REGISTRATION FORM - To be filled out and returned with payment!

| Please check preferred SESSION and Day | MONDAY | WEDNESDAY |
|--|--------|-----------|
| Session #1 @ 7:00 PM (1 Hr. Class) | | |
| Session #2 @ 7:00 PM (1 Hr. Class) | | |



Participant's Name: _____

Male:

Female:

Address: _____

City: _____

State: MI Zip Code: _____

Contact No: _____

Email: _____

Participant/Parents Note: The City of Livonia Golf Division, its officials and representatives, either employed or voluntary, assume no responsibility whatsoever for any injury by the participant in the Golf Division activity. Further, to the best of my ability, I hereby certify that I am in good health and physically able to participate in this activity and acknowledge the above medical conditions. And that all entries accepted with this understanding, I agree to abide by the rules and regulations of the Golf Division. I also grant permission to use photographs taken of me/my child for departmental advertisement.

Date: _____

Participant's Signature

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PAYMENT

FULL PAYMENT MUST BE RECEIVED AT TIME OF REGISTRATION.

CHECKS PAYABLE TO:

TJW Inc.

REFUND POLICY

Full Refund Less \$5 before 1st week

50% During 1st 2 Weeks

No Refund after 2nd Week