



Dear Jr. Golfers and Parents,

We would like to invite you to join us for the Crab Orchard Golf Club Jr. Golf Program. Our program focuses on instruction for junior golfers. Youngsters who have finished Kindergarten through those entering the 12<sup>th</sup> grade are eligible for the program.

Our program features a four day Jr. Camp, June 5-8. We will focus on the principles that are necessary for success in the game of golf.

Juniors who have completed 6<sup>th</sup> grade through 11<sup>th</sup> grade will attend 8:00 a.m. -9:00 a.m.

Juniors who have completed 3<sup>rd</sup> grade through 5<sup>th</sup> grade will attend 9:15 a.m.-10:15 a.m.

Juniors who have completed KG through 2<sup>nd</sup> grade will attend 10:30 a.m.-11:30 a.m.

On Wednesdays, June 13-August 15, juniors will be allowed to play all the golf they would like on a space available basis. Younger juniors will need a responsible adult with them if they have not played a great deal. They are welcome to spend the entire day at COGC, have lunch, and play a lot of golf.

The program will focus on fundamentals of the golf swing, short game, and rules/etiquette. Juniors are expected to conduct themselves as young ladies and gentlemen. Throwing clubs, cursing, littering, and disrespect to fellow juniors, instructors, or other golfers may result in exclusion from the program.

Each junior will need to have his or her own set of clubs (an iron, a wood, and a putter). It is imperative that the clubs fit them. Appropriate footwear must be worn. Tennis shoes are ideal. Juniors are expected to dress appropriately for golf.

We hope you will choose Crab Orchard Golf Club for the golf education of your child. Please return attached entry application by May 31 if you plan to participate allowing us time to plan appropriately. If you have questions, please contact me at 985-2321. We look forward to a fun summer of golf.

Sincerely,

Sarah M. Haas  
Director of Competitions  
and Jr. Programs

# Jr. Golf Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Grade completed \_\_\_\_\_ Age \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

\_\_\_\_\_ I am a member at COGC-Member # \_\_\_\_\_ \$50

\_\_\_\_\_ I am a guest at COGC- \_\_\_\_\_ \$100

Please complete application, check appropriate box, attach fee, and return to:  
Crab Orchard Golf Club  
901 W. Grand Ave.  
Carterville, IL 62918