

# GOLF SESSIONS AT ST WILFRID'S SCHOOL

(Spring 2019)

**DAY:** Friday **TIME:** 3.30pm - 4.30pm **COST:** £55.00 (10 WEEKS)

**DATES:** 18th, 25th Jan. 1st, 8th, 15th Feb. (Half Term) 1st, 8th, 15th, 22nd, 29th Mar.

*Children are invited to join these fun golf sessions.*

*No previous golf experience is necessary.*

*Sessions are run by our experienced Coaches.*

In these sessions children will take part in a wide variety of individual and group games/challenges that will develop skills and love for the game.

Sessions will take place in the school hall (playground/school field weather depending!)

A GOLDEN GOLF BALL will be awarded each week which rewards outstanding performances and behaviour.



*We aim to provide every child the opportunity to Play, Learn & Compete delivering engaging and appropriate experiences to each child every time.*

*Places are limited to 16 children, to book a place please email [info@brightonjuniorgolf.co.uk](mailto:info@brightonjuniorgolf.co.uk) with all details and pay online. **Please DO NOT return forms/payment to the school office.** Places will be allocated on a first come first served basis and a reserve list will be compiled for those who are not fortunate to be amongst the first 16.*

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*Please complete the form below. You can pay bank transfer (NP GOLF, Barclays Bank, Sort Code 20-49-76 Account Number 93114112 - CHILD'S NAME & SCHOOL NAME AS REFERENCE)*

Childs' Name:..... DOB.....

Age:..... School Yr ..... Male [ ] Female [ ] Parent's Name .....

Address .....

..... Post Code .....

Tel (Day):..... Tel (Emergency):.....

E-Mail (please print clearly).....

Medical Conditions:.....

Medication:.....

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**Please DO NOT return forms/payment to the school office.***

Paid  
Date

Online Transfer

### Parent / Guardian - Please tick

- I have read and understood this form, and all details entered are accurate to the best of my knowledge.
- I give my permission for my child to attend the golf sessions and receive, in my absence, any first aid if deemed appropriate.
- I give my permission for photos/video footage to be taken of my child during the sessions. (Will be used on social media, marketing, promotions & workshops. No names will be mentioned in photos)
- I give my permission to be emailed occasionally about the sessions and other follow on opportunities for my children and family.

Signed:..... Date:.....

For more information please call 01273 921135

Or email [info@brightonjuniorgolf.co.uk](mailto:info@brightonjuniorgolf.co.uk)