

**HIGH CEDARS GOLF CLUB**  
**PRESENTS**  
**2019**

*U-17 Junior Golf Spring Training*  
*Playing Championship Course*  
**Scot Solomonson, PGA Professional**  
**Chris Ming, Golf Professional**

**PLAY – COMPETE – PRACTICE – LEARN**

<b>Week 1</b>	<b>March 4, 7</b>	<b>Week 4</b>	<b>March 25, 28</b>
<b>Week 2</b>	<b>March 11, 14</b>	<b>Week 5</b>	<b>April 1, 4</b>
<b>Week 3</b>	<b>March 18, 21</b>	<b>Week 6</b>	<b>April 8, 12 (Friday)</b>

*Cost for Spring Training \$195.00 includes instruction, range galls & green fees*

**Times- Monday's 3:30 Golf**  
**Thursday's 3:30-4:30 instruction-4:30 optional Golf**

**Please make checks payable to Scot Solomonson**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Email Address \_\_\_\_\_

Phone # \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from vehicles, In case of injury or damages, I do hereby release and hold harmless High Cedars Golf Club, Inc. owners, employees, the organization, sponsors, supervisors or any volunteer connected with the program. In absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of this program for High Cedars Golf Club, Inc. informational or promotional use.

**Signature by Guardian or Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail To:**

**High Cedars Golf Club, Inc. 14604 149<sup>th</sup> St. Ct. E. Orting, Wash. 98360**  
**Attention: Scot Solomonson**