

**HIGH CEDARS GOLF CLUB**

**2020- JUNIOR GOLF CAMPS  
With PGA Professional  
Scot Solomonson – Chris Ming**

Classes are limited to the first 12 paid Juniors

*We will continue to make the necessary strides to impart confidence in the general public that our primary emphasis is on health and safety for our Students, Instructors, and our Community*

**All Camps are Monday thru Thursday**

**Each Student will receive a complimentary round of golf on the Executive 9**

<input type="checkbox"/> Ages 10 & Up (Juniors) Cost - \$95 per session	2:30 – 3:30 pm – Lessons (Full Swing – Chipping – Putting)
<input type="checkbox"/> Ages 5 to 9 (Future Stars) Cost - \$95 per session	4:00 – 5:00 pm – Lessons (Full Swing – Chipping – Putting)

- |  |   |
|--|---|
| <input type="checkbox"/> Camp #1 June 22-25          | <input type="checkbox"/> Camp #4 July 27-30   |
| <input type="checkbox"/> Camp #2 July 7-10(tues-fri) | <input type="checkbox"/> Camp #5 August 3-6   |
| <input type="checkbox"/> Camp #3 July 13-16          | <input type="checkbox"/> Camp #6 August 10-13 |
|  | <input type="checkbox"/> Camp #7 August 17-20 |

**Please make checks payable to Scot Solomonson**

Name(s) of Children \_\_\_\_\_  
Age (s) \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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 – discounts for 3 or more camps -**