

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

Fax: (515) 986-2143

www.grimesiowa.gov

CITY OF
GRIMES



2010 Winter Co-Ed Adult Golf Clinic

Program Description:

NEW! This 4-day clinic is taught by **David Gantt, PGA Class A Teaching Professional**, at the Longview Golf Centre Dome in Grimes. The clinic is designed for participants interested in learning the game of golf in a fun way. Each clinic participant should at least bring a wood, iron, and putter. Golf balls are supplied by the Longview Golf Centre.

Who: For Adults Only

Where: Longview Golf Centre Dome on NW 54th Ave in Grimes

Dates: Tuesdays, February 2 – February 23 (Deadline is February 1.)

Times: 7:00pm – 8:00pm (Min. 6/Max 10)

Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us.

To Register: Pre-registration required. Please pay with cash/check to City of Grimes and bring in registration to the P & R Office located in the Grimes Community Complex on 410 S. Main Street or Mail to City Hall at 101 N. Harvey St. in Grimes.

Cost: \$40.00 per participant



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2010 "Indoor Winter Adult Golf Clinic" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

Add me to the Grimes Rec Email List: Yes No Already on the List

Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks & Recreation Office Location ~ 410 S. Main St. in Grimes