

2024 Junior Golf Program ~ Briarwood Golf Club

The program mission is to provide an opportunity for children to learn, play and enjoy the game of golf.

Divisions ~ * Beginners - Boys and girls age 5 + - little or no experience – 1-3 holes

* Parent(s)/guardian(s) of Beginner group player(s) **must stay** with the child
During the entire program.

9-hole Advance – Boys scoring 50 or better and girls 60 or better and play in **2 hours**

9-hole Intermediate – Boys scoring 70 or better and girls 80 or better and play in **2 1/2 hours**.

Division placements on performance, experience and age.

Eligibility – All participants must be 18 or under and enrolled in high school as of **June 14, 2023**.

Registration Fee – \$35.00 pp Multiple siblings - \$30.00 pp Participation limited

Play Fees (per event) - 9 holes - \$10.00 Beginners - \$5.00

Range balls – No charge (Junior Golf Day) only.

Practice Times Before Play: **9-hole Advance – 12:00** **9-hole Intermediate - 12:30** **Beginners – 1:00**

All Practice conducted at Briarwood's driving range & practice greens w/ assistance of PGA Professionals.

Play Dates- **Wednesdays** June 12, 19, 26, July 3, 10, 17, 24, 31 **Aug 7th** Championship

** Champion crowned in the 9-hole Divisions. **Championship Eligibility** a player must participate in the **Briarwood Junior Program**.

Tee Times – 9-hole Advance - 1:00 9-hole Intermediate - 1:30 Beginners – after lesson when ready

----- Cut here-----Registration Form-----Cut here-----

Name _____ Age as of **6/12/24** _____ Date of Birth ___ / ___ / ___

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Sex M – F Email _____

Number of years playing _____ Avg. 9-hole score _____ other golf experience _____

Emergency contact – Name _____ Phone _____

YES – NO (circle) I am willing to be an observer to help monitor the players during their rounds.

(Circle Division) **9-hole Advance** **9-hole Intermediate** **Beginner**

As the parent/legal guardian, I agree: 1-to allow my child/children to participate in the Briarwood Junior Golf program, 2-to release Briarwood officers, directors, employees, agents, subsidiaries, and affiliates from any and all liability associated with acts or omissions of such parties, or with accidents or injuries sustained by the applicant or parent/guardian in connection with the tournament or instruction and in case of medical emergency the applicant and parent/guardian authorize any and all appropriate treatments as determined by qualified and licensed medical personnel, 3-Briarwood is solely in charge of the program and its operations, 4-to be at the course waiting for my child/children when the round is completed.

Player Signature _____ Parent/Guardian Signature _____ Date ___ / ___ / ___

Return completed form to Briarwood proshop or mail to: 4775 W. Market St. York, PA 17408

Email –richie@briarwoodgolfclubs.com Phone 717.792.9776 or 1. 800.432.1555