



Pathways for Exceptional Children and
Montville Township Recreation



GOLF CLINIC

For Children with Special Needs

- WHO:** Ages 9 and above and at least 4 foot 6 inches to play.
(Parents or caregivers must accompany children if needed)
- WHAT:** This clinic will be a great introduction to how the sport of golf is played and fun for everyone. The clinic is designed to acquaint children with golf. The kids will learn the basic skills of putting and hitting a golf ball as well as the equipment they will be using.
- WHERE:** The Lower Knoll - 1130 Knoll Rd. Lake Hiawatha, NJ 07034
- WHEN:** Sundays - June 1, 8, 15, & 22 from 2:00-3:00pm
- FEE:** Members: \$20, Non-members: \$25 for the entire 4-week clinic. Equipment will be provided
* Note: There will be a \$5.00 processing fee on all program refunds!

PLEASE NOTE: If you will be registering via the drop box, you must have your registration and payment in by May 29th. Any registrations dropped off after May 29th will not be accepted. Same day registrations cannot be accommodated.

REGISTRATION PROCEDURE:

PAYABLE TO: Montville Recreation, 195 Changebridge Road, Montville, NJ 07045

WE ACCEPT: Cash, Checks, Discover, Visa and Mastercard. Credit Card transaction must be done in person.

REGISTRATION PROCEDURE: 1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Muni Bldg's Parking Lot

NEW !!! ON -LINE REGISTRATION !!! Go to the town's website at: www.montvillenj.org

Click onto Municipal Services & then click on Parks & Recreation & then click on On-Line Registration

QUESTIONS? Call the Recreation Dept. at: 973-331-3305

Pathways Golf Clinic • June 2008

NAME _____ Age _____ D.O.B. _____ PHONE _____

ADDRESS _____ TOWN _____

Please indicate any special needs that your child may have that will assist us in providing a successful experience.

My child has my permission to participate in the Golf Clinic 6/1/08-6/22/08 at

The Lower Knoll - 1130 Knoll Rd. Lake Hiawatha, NJ 07034 as described above.

I understand that the Montville Recreation Department DOES NOT provide ACCIDENT INSURANCE.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE: Fee Paid _____ Cash () Check () Charge () Received by _____ Date _____