**A picture containing logo

Description automatically generatedLogo, company name

Description automatically generated**

**Golf Program Menu**

**Practice Memberships**

Membership includes practice access up to one hour per day. Each practice bay is equipped with a Flightscope Launch Monitor to measure ball and club data on each shot.

Indoor Full Season November 20 thru April 28

Full Season $ 660 20 Weeks $ 600 16 Weeks $ 520 12 weeks $ 420 8 Weeks $300

2020-2021 Members receive a credit due to Covid shutdown last season. $30/wk. X 7 weeks = $210 discount

**Coaching Programs**

Coaching sessions are 40 minutes in duration. Video evaluation, Flightscope Launch monitor data and BodiTrak pressure mapping data may be included in the coaching session. Written practice procedures and drill recommendations with be included with each coaching session. A practice membership must be purchased to receive lesson coaching.

.

Platinum Program - 10 private coaching sessions $ 800

Gold Program - 5 private coaching sessions $ 425

Silver Program - 3 private coaching sessions $ 270

Individual Coaching Session – 40 minutes with video and launch monitor data $ 100

Check the box of desired program. HST added to all selected options.

**To register**: Scan & Email to [davidbanksgolf@gmail.com](mailto:davidbanksgolf@gmail.com) or deliver your registration form to the Cedar Springs Health, Racquet and Sports Club, 960 Cumberland Ave, Burlington, Ontario L7N 3J6 Phone: **905-632-4800**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Members Name: | | |  | | | E-mail: | |  | | | | | | | |
| Address: | |  | | City: |  | | |  | Postal Code: | | | |  | | |
| Phone #1 | | ( ) | | Phone #2 | | | ( ) | | | |  | | | | |
| Method of Payment: | | | Visa MasterCard American Express Debit Cedar Springs Member # | | | | | | | | | | | | |
| Credit Card Number: | | |  | | | CVV | | | | | | Exp. Date: | | | / |
| Signature: |  | | | | | Name on Card: | | | |  | | | |  | |

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please complete **ALL** fields.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if the child is the one using the membership and under 18)