

# US Kids Golf Advanced After School Clinic Series

## 2019 FALL Sessions

**Qualified Participants Only**

**\$80 Registration Fee**

The US Kids Golf Advanced After School Clinic Series is a series of (five) 90 minute clinics meeting over 5 consecutive weeks designed to get you through levels four and five of the US Kids Golf Learning Program. The Learning Program is a ready-made and proven curriculum that features five levels of instruction booklets. In each of the five levels, players learn five core skills: Putting, Around the Green, Full Swing, Knowledge, and Scoring.

**Participants must have mastered US Kids Level 1-3 OR be a minimum age of 13 with prior golf experience.**

Instruction led by PGA Master Professional Boykin Powers. Weekly Instruction will include:

- Week 1 - Introduction and Putting Fundamentals
- Week 2 - Around the Green
- Week 3 - Full Swing
- Week 4 - Knowledge
- Week 5 - Scoring

***Class size will be limited to 5-6 participants, please sign up in advance to secure spot.***

Please place mark by the session(s) you are registering for:

|                 |                                                       |             |
|-----------------|-------------------------------------------------------|-------------|
| _____ Mondays   | August 12 <sup>th</sup> – September 9 <sup>th</sup>   | 4:15-5:15PM |
| _____ Thursdays | August 15 <sup>th</sup> – September 12 <sup>th</sup>  | 5:30-6:30PM |
| _____ Mondays   | September 16 <sup>th</sup> – October 14 <sup>th</sup> | 4:15-5:15PM |
| _____ Thursdays | September 19 <sup>th</sup> – October 17 <sup>th</sup> | 5:30-6:30PM |
| _____ Mondays   | October 21 <sup>st</sup> – November 18 <sup>th</sup>  | 4:15-5:15PM |

Detach & Bring by or Mail to: Municipal Golf Course – Charleston City Golf Academy  
2110 Maybank Highway - Charleston, SC – 29412

Or Fax to: **843-406-7561** Or Email: **powersb@charleston-sc.gov**

Please make checks payable to: **City Treasurer**

Juniors Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Registration Fee: **\$80.00 each session**

Method of payment: [ ] Check enclosed [ ] MasterCard [ ] Visa

CC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**US Kids FALL Advanced**