



# Summer Golf Schools



## ***Pembroke Lakes Golf Club***

*is proud to present the finest golf  
Junior camp in Broward County.*

*Quality Golf instruction will be  
conducted by*

*PGA Certified Instructors.*

*We will also provide the  
kids with lunch and drinks.*



## **2023**

## **Summer**

## **School Dates:**

June 12<sup>th</sup>-16<sup>th</sup>

June 19<sup>th</sup>- 23<sup>rd</sup>

June 26<sup>th</sup>- June 30<sup>th</sup>

July 3<sup>rd</sup>- July 7<sup>th</sup> (Pro-Rated-4-Days)

July 10<sup>th</sup>- 14<sup>th</sup>

July 17<sup>th</sup>- July 21<sup>st</sup>

July 25<sup>th</sup> - July 28<sup>th</sup>

July 31<sup>st</sup>- August 4<sup>th</sup>

August 7<sup>th</sup> - August 11<sup>th</sup>

**Golf: 9am-3pm**

**\$425 per week**

10% off /\$382 Per week

for Pembroke Pines Residents

(Payment made at time of Booking)

**Daily Lunch Included**

**Ages 6-14 years old**

Requirements: Golf Clubs, Hat,  
Water bottle & Sunscreen.

---

Limit to the first **12** Registrants

**\*Golf Instruction**

**provided by**

**PGA Golf Professionals**



# PGA™

# Golf Summer Schools



**Space is Limited!**

(Please make checks will be payable to TA Golf Sales)

**Full Day Golf ONLY** (5 days from 9am to 3pm– Includes Lunch) .....\$425

**(10% off for Pembroke Pines Residents)** .....\$382

(All Payments **MUST** be paid at time of Booking to Reserve your spot)

(Classes will be held Rain or Shine)



Junior Golfer's Full Name \_\_\_\_\_

Parent /Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth (Must be 6 years or older) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Referred by \_\_\_\_\_

### Please Circle Session Weeks You Would Like

Wk 1 - June 12- June 16

Wk 6 - July 17- July 21

Wk 2 - June 19- June 23

Wk 7 - July 25 - July 28

Wk 3 - June 26– June 30

Wk 8 - July 31- August 4

Wk 4 - July 3- July 7 (4-days-Closed for 4th of July) Wk 9 - August 7- August 11

Wk 5 - July 10 - July 14

**Late Pickup Acknowledgement** - The Safety and well-being of your child is our paramount concern. Our Professional Staff is not available to supervise beyond the end of the program( 3pm).

**General Release** - I the parent/guardian of the above named child(ren), hereby give my approval for his/her participation in all activities associated with this program. I understand, acknowledge, accept, and assume all the risks and hazards inherent in this program. I hereby agree to release, absolve, discharge, and hold harmless Pembroke Lakes Golf Club, organizers, sponsors, employees, and volunteers from any and all claims to the fullest extent allowed by law including, but not limited to, claims or damages arising out of the child's participation in this program. I likewise release from responsibility any person transporting my son/ daughter to the doctor/hospital in case of injury.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Trace Allison– Director of Golf**

**Austyn Rumaner – 1st Assistant Golf Professional**

(954)431-4144 or austyn1193@gmail.com

FOR OFFICE USE ONLY

Camper #1 \_\_\_\_\_ Week(s) \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ - Check # \_\_\_\_\_



Pembroke Lakes Golf Club  
10500 Taft Street  
Pembroke Pines, Florida 33026

