TAKE YOUR SWING

Back to SCIIII

SCHOOLS BACK IN SESSION, TEACH YOUR GOLF GAME A THING OR TWO!

Lesson Options:

Session 1: Friday September 12th

Session 2: Friday September 19th

Session 3: Friday September 26th

Session 4: Friday October 3rd

Session 5: Friday October 10th

Session 6:Friday October 17th

Session 7:Friday October 24th

\$150 Per Session

Ages 4 to 15

4 pm to 7 pm

Range, Chipping,
Putting & Golf
Course



PURCHASE IN THE GOLF SHOP OR ONLINE
Hyatthills.com

Back to School Program

Application

(Write in which # session you are attending.)

Student's Name:		Male Female
Address:		
City:	State:	Zip Code:
Mother's Name:	Phone:	
Father's Name:	Phone:	
Emergency #:	Email (required)	:
Sessio	n :	
Waiver and Release		
Acknowledging that participation in athletic camp, Hyatt Hills Golf Course, its agents, comr injury or damages, howsoever caused, resulting Golf or its programs, at any time preceding, during Hills Golf Course, its agents, commissioners at have for such injury or damage. I further photographs or videos taken of my chil	missioners and employees, shall no ng directly or indirectly from my cl ring, or after the program is in ses nd employees from all actions, cla authorize that the Hyatt Hills Gol	ot be liable to me or my child for any hild's participation in the Hyatt Hills sion and I hereby discharge the Hyatt ims, and demands I or my child may f Course has the right to use all
Parent or Guardian Signature:		Date:
Register by: Complete Application & Submit with Payment to Hyatt Hills Email Application to: Jrasmus@hyatthills.com / Call 732-259-1487		
Call Hyatt Hills to	o charge Credit Card – 732	-669-9100
Credit Card #:	Exp. Date	: CVC:
AmEx, \	/isa, Mastercard, Discover	