

**2010**

**THE HEART OF OHIO JUNIOR GOLF ASSOCIATION, INC.  
GOLF CAMP**

**LOCATION:** Miracle Driving Range  
1984 Smeltzer Road  
Marion, Ohio 43302 (See Map page 20)

**DATE:** June 10, (Thursday) Ages 9-18

**TIME:** 8-8:15 a.m. Registration  
8:15-9:00 a.m. Rules Discussion  
9-11:00 a.m. Professional Instruction  
11:15-11:30 a.m. Etiquette discussions  
11:30 a.m. Lunch

**COST:** \$17.00 (plus \$5.00 membership fee)  
This cost includes facility use, range balls, shirt or towel, etc., and lunch. Instruction donated by area Professionals.

It is important to start our juniors in their golfing future with good fundamentals of golf swing, and etiquette. The Miracle facility will enhance learning, instruction, practice and skills.

***" On fundamental, learning has been described as taking four steps: Step one - you don't know that you don't know; Step two - you know you don't know; Step three - you know you know, and finally; - Step four - you forget you know and just do it.***

***We look forward to teaching these learning and golf fundamentals to our juniors at camp. "***

**STEVE GRIMES  
Camp Director**

SIGN UP DEADLINE: June 4, 2010

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**2010 CAMP REGISTRATION FORM**

Date\_\_\_\_\_

Name\_\_\_\_\_ ( )Boy ( )Girl Address\_\_\_\_\_

City\_\_\_\_\_ County\_\_\_\_\_,OH Zip\_\_\_\_\_ Phone\_\_\_\_\_

School\_\_\_\_\_ Age\_\_\_\_\_ (as of 9-1-10) Birthdate\_\_\_\_\_

Parent\_\_\_\_\_ Day Phone\_\_\_\_\_ Check Enclosed\_\_\_\_\_

Make Checks Payable to Heart of Ohio Junior Golf Association, Inc.

**Sign up deadline is 6-4-10**

Send Checks and Entries to: H.O.J.G.A. P.O. Box 821, Marion, Ohio 43301-0821

(Need Clubs Yes\_\_\_\_\_ No\_\_\_\_\_; Rt. \_\_\_\_\_ Lf\_\_\_\_\_ Handed; Height\_\_\_\_\_ See Clubs for Kids Guidelines)

### **2010 CAMP MEDICAL FORM**

In the event of a medical emergency, the people in charge of the Junior Golf Camp have my permission to give medical attention to my child as required.

CAMPERS NAME \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

DOCTORS PHONE \_\_\_\_\_

CHOICE OF EMERGENCY ROOM SERVICE \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_