



MESABA COUNTRY CLUB YOUTH GOLF ASSOCIATION, INC. NONPROFIT



BENJAMIN P. OWENS FAMILY FOUNDATION

MESABA COUNTRY CLUB

2024 BOYS AND GIRLS JUNIOR GOLF CAMP



2 SESSIONS OFFERED

JUNE 18TH & 19TH
8:30AM-12:00PM

OR JUNE 25TH & 26TH
8:30AM-12:00PM

AGES 6-16

AGES 6-16



\$30.00
CAMPER

Mesaba Country Club

415 E 51st St.

Hibbing, MN 55746



WHAT'S INCLUDED?

- 7 HOURS OF GOLF INSTRUCTION
- CAMP T-SHIRT
- MEAL
- FUN GAMES
- GREAT PRIZES
- BLUEJACKET GOLFERS
- SPECIAL GUESTS

WHAT TO BRING?

- GOLF CLUBS
- SOFT SPIKE GOLF SHOES OR TENNIS SHOES
- HAT/SUNSCREEN
- A WATER BOTTLE
- RAIN GEAR IF NECESSARY

MUST REQUEST to borrow clubs WHEN REGISTERING, as clubs available are limited.

To Register: Fill out the form below. You can mail/drop off your registration at MCC Pro Shop or Lincoln Elementary 1114 E 23rd St, Hibbing, MN 55746. Turn in by Monday, June 3rd to assure T-shirt. Checks to: MCC Youth Golf Association

Any questions, please email: emily.freeman@isd701.org

Circle ONE session: Session 1 or Session 2

1 (June 18th&19th) 2 (June 25th&26th)

PLAYER'S NAME: _____ AGE: ____ YOUTH T-SHIRT SIZE: XS S M L XL

PARENT'S NAMES: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

MEDICAL CONDITIONS AND/OR OTHER INJURIES: _____

I hereby authorize my child's participation in this golf event. I know of no mental or physical problems which may affect my child's ability to safely participate in this event. If I cannot be reached in an emergency, I authorize all medical, surgical, diagnostic and hospital procedures as may be prescribed by the treating physician for my child. I also, understand I will be responsible for any medical expenses incurred due to any injury at camp, and will not hold Mesaba Youth Golf Association or any of its affiliates, staff or employees or the facility or any of its affiliates, staff, or employees liable for any injuries, illness, or expenses incurred while my child is that the event

PARENT'S CONSENT: _____ DATE: _____