MESABA COUNTRY CLUB YOUTH GOLF ASSOCIATION, INC. NONPROFIT

BENJAMIN P. OWENS FAMILY FOUNDATION

MESABA COUNTRY CLUB

2025 BOYS AND GIRLS JUNIOR GOLF CAMP

2 SESSIONS OFFERED

JUNE 17TH & 18TH
8:00AM-12:30PM
AGES 6-14

OR

JUNE 24TH & 25TH
8:00AM-12:30PM
AGES 6-14

$30.00
CAMPER

Mesaba Country Club

415 E 51st St.
Hibbing, MN 55746

WHAT'S INCLUDED?

8 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 2nd 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 17th&18th) 2 (June 24th&25th)

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:_____