

The First Tee of Raritan Valley Basking Ridge Country Club 2013 Class Schedule Basking Ridge, NJ – Somerset County

Spring Class Schedule

Player Class – Tuesdays 6 - 7PM

April 16th, 23rd, 30th, May 7th, 14th, 21st, 28th, June 4th & 11th

Par Class – Tuesdays 6 - 7PM

 $April\ 16^{th},\ 23^{rd},\ 30^{th},\ May\ 7^{th},\ 14^{th},\ 21^{st},\ 28^{th},\ June\ 4^{th}\ \&\ 11^{th}$

Classes and times are subject to change based on class enrollment!

Registration for classes is required by mail!

Class registration form and check should be sent to: The First Tee of Raritan Valley, 1 Golf Drive @ The Learning Center, Kenilworth, NJ 07033

All students will receive a TFTRV hat, golf towel, and sling bag and TFT life skills materials.

For more information about The First Tee of Raritan Valley classes, please call (732) 247-0819, e-mail: mmccabe@thefirstteerv.org, or visit us online at: www.thefirstteerv.org.



The First Tee of Raritan Valley – Basking Ridge Class Registration

Youth Information

Name*:					Gender*:	Male Female
First Nan	ne		Last Name			
Address*:				City*:	State*:_	Zip*:
Ethnicity*: African	-American	Asian-American	Caucasian	Hispanic Multi-Racia	al Native-American	Pacific-Islander Other
Birth Date*: (/_		Age:		School Grade L	evel(as of Sept. '13)*:_	
Parent/Legal Guardian:				Relati	onship:	
E-mail Address*:				School	ol:	
Phone (home):			(cell)			* Required Fields
	n Fees: I	Each 9 week cla	ass is \$100	for first child and \$ to: <i>The First Tee op</i>	65 for each additi	onal child
Class Selection:	Player	Par		Location:	Basking Ridge C	ountry Club
Season: Spring				Day of Week	: Tuesday	
	 on					
and/or administration the medical personne surgical treatment. Ir parent or guardian. <i>Media Release</i> - I het tape, and/or photogra I, the parent/legal gua all risks of injury wha arising from any activincludes, but is not lin Office, its employees	of medical l selected be n event that reby give T phs of the ardian of the atsoever and vity, include mited to, an , agents, LI	I attention deemed by The First Tee Classich medical attention. The First Tee Chaptabove mentioned in a bove mentioned in a bove named your dagree to hold having transportation, by claim due to injury Claim due to injury Claim due to proper the state of the state o	necessary by napter represention is needed ter, Headquar ninor for lawf tuth, give appropriates The Fi connected wary proximate fessionals, pa	entatives to secure any a ed from a healthcare pro- ters Office and particip ful promotional or infor roval for participation in rst Tee Chapter and He ith The First Tee facilit	representatives. I her and all medical, hospit ovider, all costs shall ating agencies permis mational purposes. In The First Tee spons adquarters Office fro y or program. This h gence of The First Te d volunteers. I conse	reby give permission to talization, dental, and/or be the responsibility of the ssion to use film, video ored activities. I assume m claim(s) of any nature old harmless agreement to Chapter or Headquarters ent to The First Tee
Parent/Guardian Si	gnature: _				Date:	
Office Use Only:						
Received:		Payment:		_ Credit Card #		Exp

Revised 2/28/13