

# **“LITTLE LINKSTERS” GOLF PROGRAM**

**2009 Fall Session**

**October 10<sup>th</sup> – November 14th**

The “**Little Linksters**” Golf Program is a great introduction to the game of golf for your child. The program is taught in a fun and interactive way using a combination of both traditional golf instruction methods and very non-traditional ways. The bottom line with the “**Little Linksters**” program is **FUN!**

The program is run by Golf Professional Brendon Elliott. Mr. Elliott is the Head Golf Professional at the historic Winter Park Country Club located in downtown Winter Park and he is also the owner of Brendon Elliott Golf and [BrendonElliottGolf.com](http://BrendonElliottGolf.com) which is his Golf Instruction Business in Deltona.

## **PROGRAM INFORMATION**

**Every Saturday afternoon at Campbell Park  
(1315 Briarwood Ave.)**

3-4 yrs. - 2pm-2:45pm (max. 15 students)

5-8 yrs. - 3:00pm-3:45 pm (max. 15 students)

9-12 yrs. - 4:00 pm-4:45pm (max. 15 students)

3-4 year olds - \$45 for 6 weeks

5-12 year olds - \$50 for 6 weeks

*For further information please contact Brendon & Melisa Elliott @ 386-532-9639*

*Brendon Elliott Golf*

*PO Box 6384*

*Deltona, FL 32738*

*[www.brendonelliottgolf.com](http://www.brendonelliottgolf.com)*

*EMAIL: [brendonelliott@pga.com](mailto:brendonelliott@pga.com)*

To reserve your child's place, please mail this form with payment by

Wednesday, October 7, 2009 to:

**Brendon Elliott Golf**  
PO Box 6384, Deltona, FL 32738.

Please make your check payable to **Brendon Elliott Golf**

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**“Little Linksters” Golf Program**

Student's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Father's Name: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Contact Mother or Father? M F  
(circle one)

**Liability Waiver:** I will not hold Brendon Elliott Golf, instructors, or staff responsible for any accidents or injuries as a result of normal class participation taught at the indicated school or facility.

**Media Waiver:** I hereby irrevocably grant Brendon Elliott Golf permission to record my child's likeness and/or voice for use by television, radio or printed media to further the advertising and educational claims for Brendon Elliott Golf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_