



# “Coach Mac” Memorial Junior Golf Camp

**June 10th - 14th, 2019**

## Multi Activity Center

6000 Indian Mound Rd, Mt Vernon, IN 47620

## Western Hills Country Club

1711 Country Club Rd, Mt Vernon, IN 47620

This year’s camp has been renamed in honor of its founder, Tom “Coach Mac” McNamara. Through his passion for the game, he set a standard and developed traditions of successful golf programs at Mt. Vernon. Coach Mac loved helping others learn the game to its fullest and witness their successes. His meaningful conversations, fellowship, and commitment to our community on and off the course will be forever remembered.

The camp focuses on fundamental golf techniques that include proper grip, stance, and swing using woods, irons, and putting. **Clinics will be held Monday through Thursday at the MAC Center and Friday at Western Hills CC.**

**Participation includes:** unlimited range balls, video feedback, free t-shirt, and instruction on woods, irons, and putting. *The WHCC pool will be open to campers after 12:00 pm Friday with parent supervision!*

**Individualized instruction provided by:**

Heath Rigsby - PGA Professional

Rick Johnson - Certified Instructor

Travis Wolfe - MVHS Coach

**Registration Cost:** \$50 early discount / \$60 week of clinic     *\*special rate for 2 or more in same family*

**Contact Phone:**  
812-568-2923

**Clinic Times:**

**Clinic 1 - Ages 5 to 7**

**9:00 - 10:00**

**Clinic 2 - Ages 8 to 12**

**10:15 - 11:15**

**Clinic 3 - Ages 13 and up**

**11:30 - 12:30**

**Please mail this form along with payment to:** Heath Rigsby , 1711 Country Club Rd, Mt Vernon, IN 47620  
*\*only forms received by May 24th will be guaranteed a shirt*

Name \_\_\_\_\_ Age and Clinic group # \_\_\_\_\_/\_\_\_\_\_

Parent Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Circle Camper T-Shirt Size ( by May 24th please)- YS    YM    YL    AS    AM    AL    AXL    A2XL

**Extra Shirt Orders -\$10** (amount and sizes)\_\_\_\_\_

**I GIVE MY SON/DAUGHTER PERMISSION TO ATTEND THE GOLF CAMP AND GIVE STAFF PERMISSION TO TREAT ANY INJURIES TO THE BEST OF THEIR ABILITIES.**

Parent Signature - \_\_\_\_\_ Date \_\_\_\_\_