

Georgia Golf High School Coaches Clinic

Registration Form

- Yes, I will participate January 16 &17**
- No, I will not participate January 16 & 17**

Name _____

Phone _____ Email _____

School Affiliation _____

- Men's golf coach
- Women's golf coach
- Middle School golf coach

How long have you been coaching golf? _____

Clinic Information

Would you like to play golf on Saturday, January 17? Yes
 No

Registration form needs to be faxed or emailed to the following ASAP:

Fax: (706) 369-5669
Email: ryanhybl@yahoo.com

Registration Payment of \$200 for the clinic needs to be mailed to the following:

Boyd Golf Center
2600 Riverbend Road
Athens, GA 30605

Deadline for registration and payment is December 19, 2008

*All payments need to be made out to **The Georgia Golf Coaches Clinic***

Call us for any additional questions regarding the clinic at (706) 369-6066 or email at:
Ryan Hybl ryanhybl@yahoo.com Jason Payne jpayne@sports.uga.edu