



BRING IT INSIDE

Winter Golf Institute at The Arena Club

For adult golfers 18 years and older.

Improve your swing mechanics indoors during the winter season.

Each session includes five classes focusing on a different area of your swing.

1. Introductory Fundamentals (pre-shot routine, grip, aim and posture)
2. Full Swing - Irons
3. Full Swing - Woods and Hybrids
4. Short Game - Pitching and Chipping
5. Putting (will be held at Bulle Rock Golf course)

SESSION ONE

Wednesdays
January 15-February 5
at the Arena Club

Times available: 1:00 - 1:45 pm
1:50 - 2:35 pm
2:40 - 3:25 pm

SESSION TWO

Wednesdays
February 19 - March 12
at The Arena Club

Times available: 1:00 - 1:45 pm
1:50 - 2:35 pm
2:40 - 3:25 pm

The fifth class will be a putting class at Bulle Rock. The date & time is TBD, but will be prior to the end of March.

Members/\$99 • Non-members/\$129

Peter Bollman is the Head PGA Golf Professional at Bulle Rock Golf Club in Havre de Grace, MD. He has been a Class A Member of the PGA of America for almost 20 years.



www.thearenaclub.com
410-734-7300

Athletics Adult and Youth / Athletics Programs



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ **DATE(S) OF PROGRAM:** _____

PARTICIPANT'S NAME: _____ **MEMBER:** **Y** **N**

AGE: _____ **DOB:** ____/____/____ **MALE or FEMALE:** _____

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **CELL #** _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT: _____ **TYPE:** _____ **TOTAL AMOUNT:** _____ **DATE PAID:** _____

VISA / MC # _____ **EXP:** _____

FOR OFFICE USE ONLY:

Staple Receipt Here

