

**2024**  
**THE HEART OF OHIO JUNIOR GOLF ASSOCIATION, INC.**  
**GOLF CAMP**

**LOCATION:** Determined Brilliance Range (formerly Miracle Driving Range)  
1984 Smeltzer Road  
Marion, Ohio 43302 (See Map page 20)

**DATE:** June 6, 2024 (Thursday) Ages 9-18

**TIME:** 8-8:15 a.m. Registration  
8:15-9:00 a.m. Rules Discussion  
9-11:00 a.m. Professional Instruction  
11:15-11:30 a.m. Etiquette discussions  
11:30 a.m. Lunch

**COST:** \$17.00 (plus \$5.00 membership fee)  
This cost includes facility use, range balls, shirt or towel, etc., and lunch.  
Instruction donated by area Professionals.

It is important to start our juniors in their golfing future with good fundamentals of golf swing, and etiquette. The Miracle facility will enhance learning, instruction, practice and skills.

*"On fundamental, learning has been described as taking four steps: Step one - you don't know that you don't know; Step two - you know you don't know; Step three - you know you know, and finally; - Step four - you forget you know and just do it.*

*We look forward to teaching these learning and golf fundamentals to our juniors at camp."*

**STEVE GRIMES**  
**Camp Director**

**SIGN UP DEADLINE:** May 30, 2024

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**QUALIFIER & CAMP REGISTRATION**

Juniors who wish to participate in Qualifier and/or Camp, must pay \$5.00 membership plus Qualifier and/or Camp fee; however, the remaining \$20.00 of Registration fee (Raffle Tickets) must be paid before tournament/s entry sign-up will be accepted.

The Raffle is in our program to help fund the Association's events, and to serve the needs of our juniors by making it the best program. All help is by volunteers who donate their time and effort. The Officers and Board feel that the RAFFLE IS IMPORTANT because it helps our juniors to do their part in taking some responsibility for the good of "their" Association.

**You must complete both the medical form and the camp registration form below.**

### 2024 CAMP MEDICAL FORM

In the event of a medical emergency, the people in charge of the Junior Golf Camp have my permission to give medical attention to my child as required.

CAMPER'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

DOCTOR'S PHONE \_\_\_\_\_

CHOICE OF EMERGENCY ROOM SERVICE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGN UP DEADLINE: May 30, 2024

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### 2024 CAMP REGISTRATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ ( )Boy ( )Girl Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_, OH Zip \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_ (as of 9-1-24) Birthdate \_\_\_\_\_

Parent \_\_\_\_\_ Day Phone \_\_\_\_\_ Check Enclosed \_\_\_\_\_

Make Checks Payable to Heart of Ohio Junior Golf Association, Inc.

**Sign up deadline is 5-30-24**

Send Checks and Entries to: H.O.J.G.A. P.O. Box 821, Marion, Ohio 43301-0821

(Need Clubs Yes \_\_\_\_\_ No \_\_\_\_\_; Rt. \_\_\_\_\_ Lf \_\_\_\_\_ Handed; Height \_\_\_\_\_ See Clubs for Kids Guidelines)

**(MUST COMPLETE MEDICAL FORM)**