



V E E N K E R

2025 Junior Program

Greg Dingel, PGA Professional, and the Veenker Memorial Golf Course staff are back to offer this outstanding Junior Golf Program. The program will meet on Wednesdays for 8 weeks beginning on June 4th and running through July 30th. Each clinic begins at 8:00 a.m. and runs through 12:00 noon with a short intermission available around 10:00 to allow students time to purchase snacks and cool off on those steamy days. Juniors 10 and under will play 3 to 6 holes each week and then receive instruction for their last 2 hours. Juniors 11 and over will receive instruction to start the day, followed by the opportunity to play 6-9 holes. Juniors will return to the shelter area adjacent to the clubhouse to be picked up between 11:45 to 12:00.

These sessions are designed for boys and girls ages 7 – 13 who are interested in learning and enjoying the game of golf. Children must be 7 years old by at least July 1st. *The price of the program is \$300.00 this year. All Veenker Jr Golfers will receive a tee gift.*

During instruction all aspects of the game will be covered including: etiquette, FUNdamentals, putting, chipping, pitching, full swing irons, full swing woods, and rules of the game.

Please fill out both the registration form below and the permission form. Return both along with payment to the Veenker Memorial Golf Course Clubhouse, 2916 Veenker Drive. Ames, IA 50011. **This program will be limited to 50 kids, so sign up as soon as possible.**

If you should have additional questions, please contact us at 515-294-6727.

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Iowa State University -Veenker Memorial Golf Course – 2916 Veenker Drive. 515 294 6727
2025 Jr. Golf Program
Registration Form

_____ has my permission to participate in the Veenker Memorial Golf Course - Jr. Golf Program. I will not hold Veenker Memorial Golf Course, Iowa State University, or any employees/volunteers liable for any injury incurred by my child while participating.

Golfers name

Birthdate / Age

Parent Name and phone number(s)
(Please note c/cell w/work h/home)

Signature of Parent or guardian

Any health conditions/special considerations?

Street address

city, state, zip

Payment \$300.00 Cash Check Credit Card

Parent Email _____

Any other comments _____