Begin an After School Golf Club

KPGA Professional’s Manual

Contact Information:
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Objectives: Connect KPGA professionals with their communities and schools. Grow the game of golf within their communities. Educate middle school students on the game of golf. Become mentors and provide life skills. Develop relationships and friendships that will last a lifetime. Increase revenue for KPGA professionals and their facilities.

Benefits for the School and Community:
- Providing a safe and fun educational opportunity for the students.
- Giving the students the ability to learn new skills, both athletic and life skills.
- Provide a physical fitness program that promotes flexibility, posture, balance and gross motor skills. Develop fitness habits that will last a lifetime.

Benefits for the Middle School Students:
- Learn the game of golf.
- Learn the etiquette and conduct of a golfer. Learn how to act as a professional.
- Build communication and business skills.
- Create new friendships.
- Find a positive mentor and role model in the KPGA Professional.
- Be a part of a team.

Benefits for the KPGA Professional:
- Become connected to the school and community.
- Be seen as a leader at your facility.
- Increase individual revenue through instruction and administrative fees.

Benefits for the Golf Facility:
- Increase facility revenue through sales of range balls, equipment, and meals.
- Potential for future rounds of golf and increase in cart and greens fees.
- Opportunity to recruit new members to the facility.
- Increase the positive image of the facility by showing a commitment to youth.
Plan of Action

1. Select a nearby school that you would like as your partner for this program.
2. Identify any parents or staff that you know at the school. Collect contact information for these individuals. Ask these individuals for their guidance and input. Ask if they would like to be the Parent Coordinator or Staff Sponsor for the program.
3. Determine a schedule for the program, include dates and times. (See examples of informational flyers.) There are examples of three different programs. There is a spring one week program with four instructional days in a row. There is a fall five week program that meets twice a week and includes on-course instruction. There is a 9 month, all school year program that meets one day a week after school.
4. Determine the registration costs and develop a registration form. (See examples of registration forms.) There are three examples of registration forms based on the spring, fall and year round programs.
5. Create a budget for the program. (See examples of a budget.) There are three examples of a budget based on the spring, fall and year round programs. All sample budgets include an administrative fee for the professional that organizes the program. All sample budgets are based off 25 participating students.
6. Contact school administrator. Schedule a Meeting. Promote the idea to the school administrator. Provide the school administrator with the Information Packet which includes all registration forms, flyers and Student Manual.
7. Develop a marketing plan at the school. Distribute Flyers to the students. Promote the Golf Club on the school news or morning and afternoon announcements. Contact the parents and staff that you know at the school and ask for their help to spread the word about the program.
8. Coordinate a Parent meeting. (See examples of information flyers.)
9. Collect registration forms and fees.
10. Organize instructional staff and develop lesson plans based on the number of participants.
11. Begin the program.
12. After the program, ask for feedback from the participants and school administrators.
13. Develop a database of participants and promote future events and activities.
**Name of School** Golf Club

**Spring Program – Developmental Clinic**

*Name of School* and *Name of Golf Facility* are partnering to create a school golf club that will promote an active, outdoor lifestyle for middle school students. Golf is a game that provides friendships that can last a lifetime. Students will learn both athletic and life skills in a fun and safe environment.

**Mission Statement:**

*Provide a friendly environment for kids to learn the game of golf and the life skills that the game teaches through positive and encouraging instruction with KPGA Professionals.*

**Who Can Attend:** The *Name of School* Golf Club is open to all boys and girls regardless of skill level.

**Cost:** $80 per member - includes all instruction, practices, rental golf clubs, range fees, bag tags, and prizes. Each Golf Club member will also receive a complimentary round of golf for them and a parent/guardian at *Name of Golf Facility*.

**Schedule:** Practices will take place from 4:45 p.m. - 7:00 p.m. on Tuesday-Friday, April 14th – 17th. Each day the clinic will provide multiple learning stations where the students will be exposed to different fundamentals of the game, rules & etiquette of the game and life skills.

**Parent Involvement:** We encourage parental involvement. Please see registration forms for details on how and when to volunteer. No golf experience necessary.

**Transportation:** Transportation to the facility will be the responsibility of each club member.

**Dress Code:** Each golf club member is asked to wear khaki shorts or pants and a collared shirt. Take weather conditions into consideration as most activities will be outdoors.

**Contact Information:**

- **Instruction:** Name of Local KPGA Professional – Phone Number – Email Address
- **School Staff Sponsor:** Name of School Staff Sponsor – Phone Number – Email Address
- **Parent Coordinator:** Name of Parent Coordinator – Phone Number – Email Address

**Location:**

- Name of Facility
- Address of Facility

**Informational Parent Meeting:** An informational parent meeting will take place on Wednesday, April 1st at 5:30 p.m. in the library at *Name of School*. Checks and registration forms will be accepted that evening.
Name of School Golf Club

Spring Registration Form

Name of Student: _____________________________________________________________________________

Grade: _______ Male / Female  Skill Level: Beginner  Intermediate  Advanced

Do you have your own clubs?  Yes  No  If no, then clubs will be provided for you.

Do you have any allergies/special needs?________________________________________________________

Any medication that needs to be taken while on the course? __________________________________________

Parent/Guardian Name: _______________________________________________________________________

Phone #: ___________________________________  E-mail: ___________________

Emergency Contact: __________________________________________________________________________

Relationship: _______________________________  Phone #: _____________________________

Are you available to volunteer? Please circle the dates you are available to spend time with the kids on the range. Golf skills are not necessary. All clinics will be from 4:45 p.m. – 7:00 p.m. on these dates.

April 14th  April 15th  April 16th  April 17th

*Top performers from the Spring Clinic will receive an invitation to participate in a PGA Junior League Middle School Program with other local programs in the area. The program will practice on Thursdays and compete on Saturday afternoons for several weeks beginning in mid-April. The team will be determined by invite only and invitations will be based on skill and sportsmanship. Please check below if your child would be interested in participating in the PGA Junior League if invited. Additional fees would apply for the PGA Junior League.

_____ Yes, my child will participate if he/she qualifies.  _____ No, my child will not participate.

Students must sign up with Staff Sponsor Name and parents are asked to return the registration form and payment at the information meeting scheduled for April 1st at 5:30 p.m. in the Name of School library.

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Administrative Use Only

Club Member: ________________________________________________________________________________

Cash _____  Check # _________  Payment Amount $__________  Date: __________  Staff Initials: _______
**Name of School** Golf Club

**Fall Program – Instruction & Play Days**

_**Name of School** and Name of Golf Facility_ are partnering to create a school golf club that will promote an active, outdoor lifestyle for middle school students. Golf is a game that provides friendships that can last a lifetime. Students will learn both athletic and life skills in a fun and safe environment.

**Mission Statement:**

Provide a friendly environment for kids to learn the game of golf and the life skills that the game teaches through positive and encouraging instruction with KPGA Professionals.

**Who Can Attend:** The _**Name of School**_ Golf Club is open to all boys and girls regardless of skill level.

**Cost:** $200 per member - includes all instruction, practices, rental golf clubs, range fees, greens fees, bag tags, prizes and an end of the season dinner at _**Name of Golf Facility**_. Each Golf Club member will also receive a complimentary round of golf for them and a parent/guardian at _**Name of Golf Facility**_.

**Schedule:** Practices will take place on Tuesdays and Thursdays from 4:45 - 6:00 p.m. from September 15th – October 15th (5 weeks). One instructional practice and one playing practice day per week. Team members will be divided into groups according to ability and will play a few holes on play days using a variety of formats.

**Parent Involvement:** We encourage parental involvement and parents will be needed on play days. Please see registration forms for details on how and when to volunteer. No golf experience necessary.

**Transportation:** Transportation to the facility will be the responsibility of each club member.

**Dress Code:** Each golf club member is asked to wear khaki shorts or pants and a collared shirt. Take weather conditions into consideration as most activities will be outdoors.

**Contact Information:**

- **Instruction:** Name of Local KPGA Professional – Phone Number – Email Address
- **School Staff Sponsor:** Name of School Staff Sponsor – Phone Number – Email Address
- **Parent Coordinator:** Name of Parent Coordinator – Phone Number – Email Address

**Location:** Name of Facility

Address of Facility

**Informational Parent Meeting:** An informational parent meeting will take place on Thursday, September 10th at 5:30 p.m. in the library at _**Name of School**_. Checks and registration forms will be accepted that evening.
Name of Student: _____________________________________________________________________________

Grade: ________ Male / Female Skill Level: Beginner Intermediate Advanced

Do you have your own clubs? Yes No If no, then clubs will be provided for you.

Do you have any allergies/special needs?_________________________________________________________

Any medication that needs to be taken while on the course? __________________________________________

Parent/Guardian Name: _______________________________________________________________________

Phone #: ___________________________________ E-mail: __________________________

Emergency Contact: __________________________________________________________________________

Relationship: _______________________________ Phone #: _____________________________________

Are you available to volunteer? Please circle the dates you are available to spend time with the kids on the range or course. Golf skills are not necessary. All clinics will be from 4:45 p.m. – 6:00 p.m. on these dates.

Tuesday, September 15th (Range) Thursday, September 17th (Course)
Tuesday, September 22nd (Range) Thursday, September 24th (Course)
Tuesday, September 29th (Range) Thursday, October 1st (Course)
Tuesday, October 6th (Range) Thursday, October 8th (Course)
Tuesday, October 13th (Range) Thursday, October 15th (Course)

Students must sign up with Staff Sponsor Name and parents are asked to return the registration form and payment at the information meeting scheduled for September 10th at 5:30 p.m. in the Name of School library.

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Administrative Use Only

Club Member: _______________________________________________________________________________

Cash _______ Check # __________ Payment Amount $___________ Date: _________ Staff Initials: _______
Name of School Golf Club

Year Round Program – Instruction, Play Days, Fitness Training & Golf History

Name of School and Name of Golf Facility are partnering to create a school golf club that will promote an active, outdoor lifestyle for middle school students. Golf is a game that provides friendships that can last a lifetime. Students will learn both athletic and life skills in a fun and safe environment.

Mission Statement:

Provide a friendly environment for kids to learn the game of golf and the life skills that the game teaches through positive and encouraging instruction with KPGA Professionals.

Who Can Attend: The Name of School Golf Club is open to all boys and girls regardless of skill level.

Cost: $50 a month per member - includes all instruction, practices, rental golf clubs, range fees, greens fees, bag tags, prizes and an end of the season dinner at Name of Golf Facility. Each Golf Club member will also receive a complimentary round of golf for them and a parent/guardian at Name of Golf Facility.

Schedule: Practices will take place from 4:45 p.m. - 6:00 p.m. on Mondays after school. Each day the clinic will provide multiple learning stations where the students will be exposed to different fundamentals of the game, rules & etiquette of the game and life skills. Winter months will feature fitness training and golf trivia jeopardy.

Parent Involvement: We encourage parental involvement. Please see registration forms for details on how and when to volunteer. No golf experience necessary.

Transportation: Transportation to the facility will be the responsibility of each club member.

Dress Code: Each golf club member is asked to wear khaki shorts or pants and a collared shirt. Take weather conditions into consideration as most activities will be outdoors.

Contact Information: Instruction: Name of Local KPGA Professional – Phone Number – Email Address

School Staff Sponsor: Name of School Staff Sponsor – Phone Number – Email Address

Parent Coordinator: Name of Parent Coordinator – Phone Number – Email Address

Location: Name of Facility

Address of Facility

Informational Parent Meeting: An informational parent meeting will take place on Monday, August 10th at 5:30 p.m. in the library at Name of School. Checks and registration forms will be accepted that evening.
Name of Student: ____________________________________________________________

Name of School Golf Club

Year Round Program Registration Form

Grade: _______ Male / Female  Skill Level:  Beginner  Intermediate  Advanced

Do you have your own clubs?  Yes  No  If no, then clubs will be provided for you.

Do you have any allergies/special needs? __________________________________________

Any medication that needs to be taken while on the course? __________________________________

Parent/Guardian Name: ____________________________________________________________

Phone #: _____________________________  E-mail: ________________________________

Emergency Contact: ______________________________________________________________

Relationship: __________________________  Phone #: ____________________________

Are you available to volunteer? All clinics will be from 4:45 p.m. -6:00 p.m. Please let us know the dates that you will be available to volunteer. Golf skills are not necessary.

*Top performers from the Year Round Program will receive an invitation to participate in a PGA Junior League Middle School Program with other local teams. The program will practice on Thursdays and compete on Saturday afternoons for several weeks beginning in mid-April. The team will be determined by invite only and invitations will be based on skill and sportsmanship. Please check below if your child would be interested in participating in the PGA Junior League if invited. Additional fees would apply for the PGA Junior League.

_____ Yes, my child will participate if he/she qualifies.  _____ No, my child will not participate.

Students must sign up with **Staff Sponsor Name** and parents are asked to return the registration form and payment at the information meeting scheduled for August 10th at 5:30 p.m. in the **Name of School** library.

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Administrative Use Only

Club Member: _______________________________________________________________________

Cash _____  Check # _________  Payment Amount $__________  Date: _________  Staff Initials: ______
December 15, 2014

Name of School Administrator  
School Name  
School Address

Dear Name of School Administrator,

Name of Golf Facility would like to partner with you and Name of School to offer a unique after-school learning opportunity for your students. Golf is a game that offers not only health and wellness benefits but also teaches life skills. The Name of School Golf Club would promote an active, outdoor lifestyle for your middle school students and provide them with the chance to learn both athletic and life skills in a fun and safe environment. It would give Name of Golf Facility the ability to grow the game of golf within our local community.

Enclosed is a copy of all the registration forms, informational flyers and instructional lesson plans for the Name of School Golf Club. All of the program’s details are outlined for you in these documents. Our facility would love the opportunity to work with you, your students and your parents to make the Name of School Golf Club become a reality.

Please feel free to contact me if you need any further information or have any questions regarding this endeavor. I am excited about the opportunity to create a golf club at your school and I look forward to hearing from you soon. Thank you for your time.

Sincerely,

Local KPGA Golf Professional Name  
KPGA Golf Professional Title  
Facility Name  
Phone Number  
Email Address