# MIGCA Spring Clinic 2020

# MAY 8<sup>th</sup> and 9<sup>th</sup>

#### **Forest Dunes**

#### https://www.forestdunesgolf.com

#### **REGISTRATION DEADLINE – April 13<sup>th</sup>**

#### Friday- May 8<sup>th</sup>

- Check-in 4 pm-6 pm
- Coaches Challenge- (18 hole Natural Putting Course) 4pm-7 pm
- Cookout/Social- 5pm-7 pm
- MIGCA Board Meeting 7pm-7:30pm
- Optional Golf- For those that would like to play golf on Friday May 8<sup>th</sup>- You can set your tee time on either course- Cost is \$60. ( Note- Saturday's Coaches Outing is set for Forest Dunes Course)

### Saturday – May 9<sup>th</sup>- MIGCA Coaches Golf Outing- Forest Dunes Course

- Breakfast- 7 am 8:30 am
- Golf Shotgun 9:00 am
- Lunch after golf

Lodging: Options- Choose what is best for you. (\* NOTE if pairing with others only have 1 person make lodging reservations-Please)

- Dbl. Queen Standard Room- \$64/night/person
- 4 Person Suite- \$80/night/person
- Basic Cottages- \$87/night/person
- 4 bedroom villa or premium cottage \$103/night/person

### **Spring Clinic Options:**

- Option 1: No Golf- Friday's Coaches Challenge/Guest Speaker/Cookout/Breakfast Sat.
  - \$70 + lodging for member
  - o Non Member \$90 + Lodging
  - Hall of Fame Member \$65 + Lodging
- Option 2: Friday's Coaches Challenge/Guest Speaker/Cookout/Breakfast/Golf Saturday/Lunch Saturday
  - \$150 + Lodging for member
  - Non Member \$\$170.00 + Lodging
  - Hall of Fame Member \$165.00 + Lodging

NOTE: Friday Golf and lodging you must contact Forest Dunes- Please inform them you're with the MIGCA Spring Clinic for Lodging and extra rounds of golf







THE LOOP

#### **REGISTRATION DEADLINE – April 13<sup>th</sup>**

To attend the MIGCA Spring Clinic please fill out the form below and send payment please. If coming by yourself just fill out 1 section- If you have a team of 4 – please fill out the form completely.

Non Member: \$90.00

Member Option 1: \$70.00 Hall of Fame Member: \$65.00

Member Option 2: \$ 150.00 Hall of Fame Member: \$145.00 Non Member: \$170.00 NAME: (Contact Person) \_\_\_\_\_\_ PHONE: \_\_\_\_\_ SCHOOL: Payment: \$ \_\_\_\_\_ MIGCA Member: \_\_\_\_\_ Hall Of Fame Member: \_\_\_\_\_ Non Member: \_\_\_\_ YEARS COACHING: \_\_\_\_\_ Option 1 or 2 SCHOOL: \_\_\_\_\_ Payment: \$ \_\_\_\_\_ MIGCA Member: \_\_\_\_\_ Non Member: \_\_\_\_\_ Non Member: \_\_\_\_\_ YEARS COACHING: \_\_\_\_\_ Option 1 or 2 PHONE: \_\_\_\_\_ NAME: \_\_\_\_\_ Payment: \$ SCHOOL: Hall Of Fame Member: \_\_\_\_\_ Non Member: \_\_\_\_ MIGCA Member: \_\_\_\_\_ YEARS COACHING: Option 1 or 2 NAME: \_\_\_\_\_ Payment: \$ \_\_\_\_\_ SCHOOL: MIGCA Member: \_\_\_\_\_ Hall Of Fame Member: \_\_\_\_\_ Non Member: \_\_\_\_\_ YEARS COACHING: \_\_\_\_\_ Option 1 or 2 Checks Made Out to: MIGCA Mail to: Dan Picot/MIGCA Spring Clinic **Rochester Adams HS** 3200 W. Tienken

Rochester Hills MI, 48306