

Appleton West Middle School Golf Camp 2026



For students entering grades 6-9 in the fall. Preference will be given to those students intending to play golf at the high school level at Appleton West.

Where: Chaska Golf Course. Transportation is not provided

When: June 15, 17, 22, 24, 29, July 1, 6, 8, 13, and 15th (Mondays 11-1:00 pm & Wednesdays 11-2:00 pm)

Class Information: A summer school class is designed for male and female students who are looking to sharpen their individual skills for playing golf at the high school level. The golfers should have had some golfing experience, but it is not necessary, and they want to get some valuable practice and golf playtime in the summer. Each student is required to supply their own golfing equipment, such as golf clubs, balls, tees, golf shoes, umbrellas, etc.

Tentative Weekly Outline:

Monday- Putting techniques, Chipping, Bunkers, and Full Swing on Practice Range (11:00 am to 1:00 pm)
Wednesdays- Play 9 holes supervised by Coach Allinger in foursomes

Cost: \$120 dollars* (Checks Preferred) can be sent to Coach Porter:

Shayne Porter

Wilson MS

225 North Badger Ave, Appleton, WI 54914.

Checks are made payable to AASD to secure your child's spot.

*Funds may be available for those in need; please ask.

Adverse Weather (Lightning) Conditions: Golf is an outdoor sport, so we play in light rain conditions. We move inside when it is pouring and/or lightning is present in the area. The class could be canceled for the day and/or held indoors in a classroom using videos and discussion.

Student Name _____ Gender M F Date Of Birth _____

Address _____ Apt # _____ City _____ Zip _____

My child is currently attending _____ school. Grade next Fall _____

In case of absence or emergency, the number to call *first* to contact a legal guardian between 11:00 am-2:00 pm is: _____.

Parent/Guardian Name _____

Phone # _____ E-mail Address _____

Parent/Guardian Name _____

Phone # _____ E-mail Address _____

Does this student have an IEP, a Building Intervention Plan, or a 504 Plan? Yes

Special Health Concerns/Medical Diagnoses: _____

I hereby authorize summer school personnel to obtain emergency medical care for my child if needed.

Parent/Guardian _____

Please return your registration form and fee to Shayne Porter at Wilson Middle School.
Don't delay – classes fill quickly! Any Questions? Email portershayne@ascd.k12.wi.us