

Registration Form

Participant's Name: _____ Age: _____

Gender M / F ~ Does Participant have golf equipment? Y / N ~ R Handed / L Handed

Please Circle Session Registering For: #1 (6/12-16) #2 (7/10-14) #3 (8/14-18)

Contact Phone #: _____

Email Address: _____

Contact Address: _____ City _____ State _____ Zip _____

Guardian Name: _____

Emergency Contact Person: _____

Payment Type: Cash / Check / Credit Card

CC# _____ EXP _____ Code _____