



Collins Hill Golf Academy
Registration Form

Student Information

Student Name _____ City _____
Address _____ State _____ Zip _____

Contact Information:

Student Phone #: _____ Cell _____
Email Address: _____
Emergency Contact: _____ Cell / Phone _____

Payment Information:

Credit Card Info: Visa AMEX MasterCard CC# _____
Expiration Date _____
Security Code _____
Zip Code _____

The Collins Hill Golf Academy gives you the opportunity to attend an unlimited number of CHGA clinics during month of billing. If joining after the 15th of the month the student may attend classes as space is available for a cost of \$25 per clinic or pay the full \$85 for unlimited classes. Class times may be limited if clinics are not full. (Example: One student in clinic, class time would be 30 minutes. If 2 students attend, class time would be 45 minutes. If 3 students attend, class time would be one hour. 4 or more students attend, class time is 90 minutes.) Cost of the academy is \$85 and will be billed automatically at the beginning of each month unless notice is given one week in advance to withdraw from the academy.

By signing below I hereby give Scott Hare, PGA the permission to charge my credit card \$85 per month until I submit my one week notice of withdrawal from the Collins Hill Golf Academy.

Signature: _____ Date: _____