

2019 Mixed Adult Clinic Registration

Name: _____ Phone #: _____

Email: _____

Please Circle Session of Interest

<u>Session</u>	<u>Day</u>	<u>Dates</u>	<u>Time</u>
A	Thursday	May 23 rd - June 20 th	6 pm - 7:15 pm
B	Saturday	May 25 th - June 22 nd	10 am - 11:15 am
C	Tuesday	June 4 th - July 9 th **	6 pm - 7:15 pm
D	Tuesday	July 16 th - August 13 th	6 pm - 7:15 pm
E	Saturday	August 10 th - September 14 th **	10 am - 11:15 am

Note: ** no class on July 2nd or August 31st

Method of Payment

\$125

If paying by check make out to Paul Scheffert

Cash or Check _____
Ck #: _____

Will you be needing clubs?: Yes No

What are some of your experiences with golf up until this point? _____
