



Golf Academy Registration Form

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

HOME PHONE: (____) _____ - _____

BUSINESS PHONE: (____) _____ - _____

FAX: (____) _____ - _____

EMAIL ADDRESS: _____

ACADEMY PROGRAM: _____ DATES: _____

METHOD OF PAYMENT: VISA MASTERCARD AMERICAN EXPRESS CHEQUE CASH

CARD NUMBER: _____

EXPIRY DATE: _____ / _____

PROGRAM SELECTED: _____ DATES: _____

NOTES: _____	office use
DATE RECEIVED: _____	
DATE PROCESSED: _____	
BY WHOM: _____	
CONFIRMATION, AGENDA AND RECEIPT SENT: _____	date
BY WHOM: _____	