

SHELTER VALLEY PINES G.C.
Adult Golf Program Registration Form

Section 1 - Member Information

Mr. Mrs. Ms.

Last Name: _____ First: _____

Mailing Address: _____

City: _____ Pro: _____ Postal Code: _____

Home Phone: _____ Add #: _____

Email: _____

Lesson recaps and program information is sent by email. Would you like to receive these emails along with other specials from the golf club? Yes ___ No ___

Emergency Contact: _____ Emergency #: _____

Section 2 - Program Information

Program: _____ Day: _____

I typically golf ___ times per year.

I would consider myself a: beginner ___ amateur ___ professional ___ golfer.

I shoot Right handed ___ / Left handed ___.

I am most interested in learning about:

Thank you for taking the time to fill in this information.

OFFICE USE ONLY

REGISTRATION FEE

Fees were paid by: Cash Check

Has a receipt been issued: Yes No

This deposit was received and processed by:

Date

Printed Name

Signature

\$150.00