

ADULT CLINICS 2010 "Play with the Pro" REGISTRATION FORM



Name: _____

Phone #: _____

Street: _____

City: _____ State: _____ Zip: _____

Please check off the Class you will be attending:

Class Number	Evenings	Time	Attending
#1 May 13,20,27	Thursday.	6:00-8:00 PM	<input type="checkbox"/>

Cost: \$175.00 per Student

Please complete and print the above form and send to:

Far Corner G.C.
C/O John O'Connor
5 Baker Road
Boxford, MA 01921