

ADULT CLINICS 2010 "Beginner Golf Class" REGISTRATION FORM



Name: _____

Phone #: _____

Street: _____

City: _____ State: _____ Zip: _____

Please check off the Class you will be attending:

Class Number	Evenings	Time	Attending
#2 May 5,12,19,26	Wednesday	6:30-7:30 PM	<input type="checkbox"/>

Cost: \$120.00 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