

2020 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	Tuesday	May 19 th – June 16 th	6 pm- 7:15pm
B	Saturday	May 23 rd - June 20 th	10am- 11:15am
C	Tuesday	July 7 th – August 4 th	6 pm- 7:15pm

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? _____
