



Starting **W**omen **I**N **G**olf

GROUP LESSON REGISTRATION FORM

Full Name: _____

Membership Number (if applicable): _____

Mobile Number: _____

Email Address: _____

TERM 4 2019

Please select your preferred level and clinic day from the below options:

	Level 1	Level 2	Level 3
Monday group (7 Oct - 9 Dec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday group (8 Oct - 10 Dec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday group (10 Oct - 12 Dec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday group (12 Oct - 14 Dec)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about the **SWING** lessons?

If referred by a current member, please provide their full name.

PAYMENT DETAILS

☐ **Member \$300.00** ☐ **Non-member \$350**

☐ MASTERCARD ☐ VISA ☐ AMEX (Surcharge 2.5%)

Card Number: _____ Expiry Date _____ / _____

Name on card: _____ Signature _____