



Sign up form for GOLF FOR BEGINNERS x 4 weeks

Class Start Date Class Time PAY £20 to confirm place

Are you male

Date of Birth:

or female

(Please tick one box)

First Name

Surname

Telephone Number (Home)

Mobile Telephone Number

E-mail Address

Ethnic Group?

White

Other

Do you consider yourself to have a disability or impairment?

Yes

No

How did you hear about these classes?

Poster at club

Local Press

Workplace

Word of Mouth

Somerset

Radio

Other: _____

County Golf

Do you have any medical conditions of which to make your instructor aware of?

Signature: _____ Date: _____



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