



Sign up form for GOLF FOR BEGINNERS x 4 weeks

Class Start Date Class Time PAY £20 to confirm place

Are you male or female

Age U18 18-29 30-39 40-49 50-59 60-69 70+

First Name Surname

Telephone Number (Home)

Mobile Telephone Number

E-mail Address

May we send you the club newsletter & emails about future courses? You can unsubscribe at anytime. Yes No

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 County Golf Radio Other: _____

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

Signature: _____ Date: _____



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