



## Sign up form for Beginners Free Golf

Lesson Date  Lesson Time

Title:  Are you male   
or female   
(Please tick one box) Date of Birth:

First Name  Surname

Address

Postcode

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 the free golf lessons?

Poster  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: \_\_\_\_\_