

DENNISE HUTTON GOLF CLINICS



REGISTRATION FORM

Name _____ Phone No. (W) _____
Address _____ Phone No. (H) _____
_____ Phone No (M) _____
_____ Email: _____
Club and current handicap (if any) _____

| CLINICS | DATES | Nos of People | \$pp | \$Total |
|---------|-------|---------------|------|---------|
|---------|-------|---------------|------|---------|

| | | | | |
|------------------|--|--|--|--|
| Short Game | | | | |
| Long Game | | | | |
| Game Improvement | | | | |
| Beginner | | | | |
| Junior | | | | |
| Other | | | | |

Credit Card Type: _____
Full Name: _____
Card Number _____
Exp Date: _____

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