

Group Lesson Registration Form for: Adults & Juniors

Adult Clinic: _____ Junior Clinic _____ (please mark what clinic signing up for)

Program Name Signing up for: _____

Day & Date of class(s): _____

Students Name: _____

Students Age (Junior Golfer Only): _____

Need Clubs? No___/ Yes ___ Circle if you need Right Handed or Left Handed

Parent or Guardian Name (if signing up for Jr. Clinic): _____

Address: _____

Email: _____

Phone #: _____(H) _____(C)

Paying by check send to: Diane Rama, 199 Township Line Rd., Harleysville, Pa 19438

Paying by venom: @DianeRamaGolf