

2009 Copper Hill Golf Academy
Group Lesson Enrollment Form

Student Name : _____ **Address :**

City : _____ **State :** _____ **Zip** _____

Experience: **Never Played** **Driving Range Only** **Limited Golf Course** **Frequent**
Average Score _____ **Handicap Index (if applicable)** _____

Phone : Home _____ **Work** _____ **Cell** _____
Email : _____ (confirmation will be sent to this address)

Do you have clubs that you will be bringing to the program? Yes _____ No _____

Health Information :
Please list specific allergies / treatment / dietary restrictions (use separate sheet if necessary)



Please list any special medical or psychological information not already mentioned.

Does your child regularly take any medication, if so please list.

Does your child have any special problems that may require special need?

The health information on this sheet to my knowledge is accurate, and the person herein described has permission to engage in all golf camp activities except as noted. In the event I cannot be reached in an emergency, I give permission to the Physician selected by Copper Hill Golf Academy's Director to secure and administer treatment, including hospitalization, for the person named above.

Signature: _____ **Date :** _____

  (circle credit card type)

Payment : Check Number : _____ or

Credit Card Number : - -

Expiration Date : _____ Name On Card _____

Signature : _____ Amount : _____

Program Selection (Spring)

Mini Groups (3-4 people)

DatesDay of Week CostNotes ✓May 11,18, June 1,8Mon 5:15 – 6:15 pm\$90No class on May 25May 14, 21, 28, June 4Thurs
5:15-6:15 pm \$90

Groups (5-8 people)

DatesDay of WeekCostNotes ✓April 29, 6, 13, 20Wed 6:00-7:00 pm\$60April 27, 30, May 4,7M, Th, M, Th 6:00-7:00pm\$60May
18, June 1,8,15Mon 6:30-7:30 pm\$60No class on May 25May 14, 21, 28, June 4Thurs 9:30 – 10:30 am\$60May 14, 21, 28, June
4Thurs 6:30 – 7:30 pm\$60May 19, 26, June 2,9Tues 5:15 – 6:15 pm \$60

TOTAL _____