

Clinic Registration Form

Please fill out and email back to kelley@randallsislandgolf.com

You may also fax to 212-427-5681 or mail to Randall's Island Golf Center- Attn. Kelley, 1 Randall's Island, NY, NY 10035

Name	
------	--

Address	
---------	--

City	
------	--

Zip	
-----	--

E-mail Address	
----------------	--

Cell Phone Number	
-------------------	--

I am an adult and I am signing up for the adult clinic

I am signing my child up for the junior clinic (Saturday mornings only)

Age of Child

--

I would like to sign up for the following clinic:

April Tuesday Nights	<input type="checkbox"/>	\$350
April Saturday Mornings	<input type="checkbox"/>	\$350
May Tuesday Nights	<input type="checkbox"/>	\$350
May Saturday Mornings	<input type="checkbox"/>	\$350
June Tuesday Nights	<input type="checkbox"/>	\$350
June Saturday Mornings	<input type="checkbox"/>	\$350

I am RIGHT HANDED

I am LEFT HANDED

I have my own golf clubs and would like instruction only. Therefore, I am signing up for the following:

April Tuesday Nights	<input type="checkbox"/>	\$180
April Saturday Mornings	<input type="checkbox"/>	\$180
May Tuesday Nights	<input type="checkbox"/>	\$180
May Saturday Mornings	<input type="checkbox"/>	\$180
June Tuesday Nights	<input type="checkbox"/>	\$180
June Saturday Mornings	<input type="checkbox"/>	\$180

By providing the following information you are authorizing Randall's Island Golf Group or it's agents permission to run your credit card. You also understand that payment is due in full to hold a clinic spot.

Refunds will only be given for written cancellations received via email 7 days before the first day of the clinic.

No refund will be given within six days of the clinic starting.

Name on the card	
Credit Card Type	
Credit Card Number	
3 or 4 digit code	

Address for the card holder (if different from the above info)	