

REGISTRATION FORM GOLF CLASSES OR CAMPS

Name _____ Age (for Jr clinics) _____

Address _____

City _____ State & Zip _____

Email _____

Cell Phone _____ Home Phone _____

Work Phone _____

Date of Payment _____

Type of Payment _____

Credit Card # _____

Exp. Date _____ CCV Code _____

What are you registering for? _____

Adult or Youth

	<u>Event</u>	<u>Dates</u>	<u>Amount</u>
Clinic			
Camps			
Littlelinkster			
Future Pro			
Tournaments			

Please mail to:

Windy Hill Sports
 16500 Midlothian Trpk.
 Midlothian, VA 23113
 804-794-0010
www.windyhillsports.com
 fax 897-5661