



Coaching Registration Form

Name

Address

.....Post Code

Tel Mobile.....

Email

Gender (please circle) Male Female

Age Group (please circle) 16-30 31-50 51+

Do you have any medical conditions or requirements that we should be aware of?

.....
.....

Emergency Contact Name

Emergency Contact Telephone

How did you find out about us?

.....
For the purpose of marketing future events and for assisting with your golf we may wish to take photographs and videos. In order to do this we would need your signed consent.

.....

To help me keep your records up to date please fill in this form completely and clearly – Many thanks.



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