



Coaching Registration Form 2024

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?

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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.

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It can sometimes be easier for me to communicate to everyone by WhatsApp (rain cancellations etc. If you would be happy to be contacted within a group chat for this purpose please sign here

