

2010 REGISTRATION FORM
George R. Bell Golf First Beginner Program

APPLICANTS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

SCHOOL: _____

MALE: _____ FEMALE: _____ AGE: _____ HEIGHT _____

SKILL LEVEL: BEGINNER _____ INTERMEDIATE _____ ADVANCED _____

CLUBS NEEDED: YES _____ NO _____ IF YES: RIGHT _____ LEFT _____

PARENT OR
GUARDIAN CONTACT: _____

TELEPHONE NUMBER: _____

ADDRESS IF DIFFERENT
FROM ABOVE: _____

Applicant should briefly describe why they want to learn to play the game of golf and their commitment to make all the scheduled lesson clinics.

Submit the completed application form to: Golf First, P.O. Box 187, Libertyville, IL 60048-0187

THE DEADLINE FOR APPLICATIONS IS MAY 1, 2010