

Cardinal Golf Academy **Lesson Registration Form**

LESSON PROGRAM: _____

SERIES NUMBER: _____

Are golf clubs required? YES NO

Name: _____

Home Phone Number: _____

Work Phone Number: _____

Email Address: _____

PAYMENT – Card # _____ - _____ - _____ - _____

Expiry Date _____ - _____ Amount to be charged \$ _____

Card Holder Name (please print) _____

Signature _____

Fax Number: 905-841-3511

Phone Number: 905-716-0031

Please detach and keep for your records

Name of Program: _____

Dates and Times: _____

Cardinal Golf Academy
Head Teaching Professional, Jody Boutin
2740 Highway #9
Kettleby, ON
Phone Number: 905-716-0031
Fax Number: 905-841-3511