

2009

TAKE 2 GOLF

One Day Golf School

Registration Form

Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____ Cell: _____

Check the box corresponding to the session you would like to attend.

- June 28 (Sunday).....\$199
- July 26 (Sunday).....\$199
- August 16 (Sunday)....\$199

The class will begin at 9:30am-3:30pm. Lunch break will be at 12:00pm (lunch is not included)

Payment

The cost of the program is \$199. A \$100 non-refundable deposit is required. Payment in full must be received before the start of the program.

Non-Refundable Deposit \$ _____ Balance Due \$ _____

(Make check payable to *Paula Slivinsky*)

Send Form with payment to: Paula Slivinsky • 1708 Old Country Rd. • Elmsford NY 10523