

# High School Golf Program Registration Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year in School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Session Preference: Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

AVV# \_\_\_\_\_



*Andrew Headman Golf*

Please mail registration form to  
Claire Batista Golf Academy, 7767 US 223  
Ottawa Lake, MI 49267  
734-856-4884