

Tallwood Women's Club  
Golf Academy  
June 7<sup>th</sup> - 9<sup>th</sup> 2017

Name \_\_\_\_\_

Club affiliation ( if any ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Current HCP or Aver Score \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Past Golf Instruction \_\_\_\_\_  
\_\_\_\_\_

Goals \_\_\_\_\_  
\_\_\_\_\_

Need most improvement on \_\_\_\_\_

Physical limitations ? \_\_\_\_\_ explain \_\_\_\_\_

*Please send check for \$235 payable to Tallwood Golf Shop 91 North St Hebron, CT 06248*

*Credit Card Payment* Type \_\_\_\_\_ # \_\_\_\_\_ ex \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Limited to First 30 Paid Applicants

*Office use only* \_\_\_\_\_