

DENNIS HIGHLANDS G.C.
JUNIOR GOLF SCHOOLS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____

PHONE # OF PARENT /GUARDIAN _____

NAME OF PARENT/GUARDIAN _____

E MAIL ADDRESS OF PARENT/ GUARDIAN _____

ON A SCALE OF 1 TO 10, WITH 1 BEING A TOTAL BEGINNER AND 10 BEING
PROFICIENT,

RATE THE STUDENT circle 1 2 3 4 5 6 7 8 9 10

GOLF SCHOOL REQUESTED TO BE ENROLLED circle 1 2 3 4 5 6 7 8

DO YOU NEED TO BORROW CLUBS? circle Yes No Left handed Right handed

Please make check payable to:

John Boniface
432 Old Chatham Road #304
South Dennis, MA 02660

First 8 students per school will be enrolled.
A confirmation will be emailed to you