

CLINIC REGISTRATION FORM

St. Johns Golf Club

Name:

Phone:

Email:

Zip Code:

Please help us learn more about you, your game and your goals by taking a few minutes to complete this form

What do you find the easiest about your game?

What do you find the most difficult about your game?

What do you want to improve in your game?

How much time do you practice a week?

How did you hear about us?

Comments or Questions, If any:

All Clinics are \$20.00. Please bring cash or a check.