

Registration Form

To register by phone or ask questions, please call 1-800-262-7888.



LPGA GOLF CLINICS for women
from **MetLife**

**FAX OR MAIL COMPLETED FORMS TO:
LPGA Golf Clinics for Women, 1340 Soldiers Field Rd.
Boston, MA 02135 Fax: 617.484.8704**

Clinic Location:	
Date of Clinic:	Today's Date:
Full Name:	
Title:	Organization:
Home Address:	Company Address:
City: State: Zip:	City: State: Zip:
Home Phone:	Work Phone:
Fax:	E-Mail:

Please indicate your skill level:

- Never Played
- New Golfer *(Has had a few lessons.)*
- Advanced Beginner *(Has been on a golf course - knows the basics.)*
- Intermediate Handicap *(Handicap of 20 - 36 for 18 holes.)*
- Advanced *(Consistently breaks 95 for 18 holes.)*

What is your 18-Hole Handicap? _____

What do you shoot for 18 holes? _____

What is your 9-Hole Handicap? _____

What do you shoot for 9 holes? _____

Would you like to reserve a set of NIKE golf clubs for the Clinic? (Based upon availability. Clubs may have to be shared.)

- Yes, I need clubs. Circle one: Right-Handed / Left-Handed
- No, I do not need clubs.

Would you like to be paired with a friend who is also attending? If so, name: _____

How did you hear about the Clinics?

- American Way Golf for Women Brochure Web Site Past Participant LPGA Pro Other

If "Other," please specify: _____

COST OF CLINIC: \$350.00 PER PERSON

Payment Options

- Payment Enclosed. Please make check payable to **JBC Managed Events**.
- Bill my credit card.

Circle One: VISA M/C AM EXP DISCOVER

Name on Card: _____

Credit Card #: _____

Exp. Date: _____

*Thank you for your
interest in LPGA Golf
Clinics for Women!*

I have enclosed this amount: \$ _____ for this many playing spots: _____

Signature: _____

Playing spots will be confirmed on a first come, first serve basis, based on receipt of payment.