

# 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: 617.206.9760

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: \_\_\_\_\_

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.

