

## **P3 Golf Academy Summer REGISTRATION FORM**

1. Student's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (MI)

2. Student's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(If different from above) City: \_\_\_\_\_ Zip: \_\_\_\_\_ (if different from above) City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Would you like us to send our newsletter and special events information to the e-mail address listed above?  yes  no

Emergency Contact (other than parent/guardian): \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Are there any physical, medical, mental, or emotional needs we need to be aware of when working with your child?

Yes \_\_\_\_\_ (please list specific needs below) No \_\_\_\_\_

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**Class Choice: Please circle your preference for class days and times (either AM or PM) . You will be contacted with your class details after the registration deadline.**

Student's Name: \_\_\_\_\_ **Mon (PM only)    Tues-AM/PM    Wed-AM/PM    Thurs (AM only)**

Student's Name: \_\_\_\_\_ **Mon (PM only)    Tues-AM/PM    Wed-AM/PM    Thurs (AM only)**

**Initial Skill Assessment:    Fri, May 20 (6-7:30 pm)                      Sat, May 21 (4-6 pm)**  
**(choose one)                      Fri, May 27 (6-7:30 pm)                      Sat, May 28 (4-6 pm)**

**Fees:    Reg fee: \$25    1 class/week \$50/mo    2 classes/wk \$90/mo                      Fees (total): \_\_\_\_\_**

**Reg. form and fees DUE to Briarwood by June 1 to reserve student's space in the class.**

Make checks payable to: The Briarwood Club of Ankeny

**Mail to: The Briarwood Club of Ankeny  
3405 NE Trilein Drive  
Ankeny, IA 50021-4607**

