



12552 Torbram Road
Caledon East, Ontario
L7C 2S7

Clubhouse 905 843 0726

Lesson Registration

Christopher de Laat, CPGA, PCS

DAY	MONTH	YEAR			

1 Principal Contact

Legal Name

_____	_____
FIRST NAME	LAST NAME

Address

_____	_____	_____	_____
	CITY	Province	Postal CODE

E-mail

Cell

2 Are you Participating?

Yes No

3 Do you have a PunchPass Account?

Yes No

If Account E-Mail is different than listed above

4 For how many golfers are you coordinating lessons?

One Two Three Four

5 In what category are the lessons?

Adult Family Junior
 Young Adult

6 Have you coordinated a Lesson time?

Yes No

Day Time

7 Do you have a start date?

Yes No

Day

8 What frequency are your lessons?

Recurring (Weekly)
 Series (9 Week Program)
 Select Dates

Please List Select Dates

Participant One

If you are participating skip to number 11

9 Contact Information

Legal Name

FIRST NAME LAST NAME

E-mail

Cell

10 Does the participant have an PunchPass Account?

Yes No

Please provide the registered e-mail for the account

11 DOB

_____|_____|_____

DD MM YYYY

Participant Two

12 Contact Information

Legal Name

FIRST NAME LAST NAME

E-mail

Cell

13 Does the participant have an PunchPass Account?

Yes No

Please provide the registered e-mail for the account

14 DOB

_____|_____|_____

DD MM YYYY

Participant Three

15 Contact Information

Legal Name

FIRST NAME LAST NAME

E-mail

Cell

16 Does the participant have an PunchPass Account?

Yes No

Please provide the registered e-mail for the account

17 DOB

DD MM YYYY

Participant Four

18 Contact Information

Legal Name

FIRST NAME LAST NAME

E-mail

Cell

19 Does the participant have an PunchPass Account?

Yes No

Please provide the registered e-mail for the account

20 DOB

DD MM YYYY