



2024 Get Golf Ready Clinics

Name _____

Email _____

Phone Number _____

Do you need to borrow clubs? Yes RH or LH No _____

Please circle the clinic you are registering for:

Wednesday Evenings 5:30-7:00 p.m. (Instructor: Allison Davey, Head Golf Professional)

April 17, April 24, May 1stRain Date: Sat., May 4th

Thursday Evenings 5:30-7:00 p.m. (Instructor: Allison Davey, Head Golf Professional)

April 18, April 25, May 2ndRain Date: Sat. , May 4th or Sun, May 5th

Friday Evenings 5:30-7:00 p.m. (Instructor: Andrew Hinchliffe, Assistant Golf Professional)

April 19, April 26, May 3rdRain Date: Friday, May 10th

Please include payment with this application as we are unable to reserve space without payment **(\$135)**.

Cash or check payments only. For clinics with **Allison Davey**, please write checks payable in her name. For clinics with Andrew Hinchliffe, please write checks payable to **Andrew Hinchliffe**. Note, payment is nonrefundable unless we are able to fill your space.

Mailing Address: Twin Hills Country Club, 199 Bread and Milk St., Coventry, CT 06238.

Thank you and we look forward to working with you!

How did this person pay? Cash? Check?

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