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|  | **BEGINNER PROGRAM INTEREST FORM** | |  |
| **First Name** | **Surname** | **Email** | **Phone** |
|  |  |  |  |
| *Please return this form to the Proshop or via email to* [*shingeley@pgamember.org.au*](mailto:shingeley@pgamember.org.au)*. The minimum number of participants required for a beginner class is four.* | | | |
| *A confirmation email will be sent if we have sufficient participants for the class.* | | |  |
| **Please select your preferred time** | |  |  |
| Sunday 1 pm - 2 pm | ⃝ |  |  |
| Sunday 2 pm - 3 pm | ⃝ |  |  |
|  |  |  |  |
| Please advise your preferred time of year:    Please advise if you wish to loan any equipment (equipment is loaned at no charge, for the duration of the clinic), and your dexterity (right/left handed): | | |  |
|  |  |  |  |