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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**. 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):  |   |
|  |  |  |  |