



2011 Fall After School Program
Registration Form

Student's Name First Last

Address

City State Zip

Telephone Email

Date of Birth Age Sex

Years Playing _____ Skill Level Beginner
 Intermediate
 Advanced

September 13 thru October 29, 2011

Days Attending Tuesday Wednesday Thursday
 Friday Saturday

Payment Options: MasterCard, Visa, Cash, Check, Money Order

Make check payable to: **Laudien Golf Enterprises Inc.**

Mail check and this application to:
Michael Laudien
PO Box 493
Theills, NY 10984