



**Adult Golf Registration**

**Name:** \_\_\_\_\_ **Home#:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Golf Skill level:** *Beginner / Intermediate / Advanced*

**Previous golf instruction** *Yes / No*    **Year:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Do you need golf clubs:** *yes / no*    **If yes:** *left / right*

**Special Instructions:** *(medical concerns, back issues etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Clinic Selected:** \_\_\_\_\_ **Alternate choice:** \_\_\_\_\_

**Method of Payment:** *visa / mastercard / amex / cheque*

**Credit Card#:** \_\_\_\_\_ **Expiry date:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

*\*Make cheques payable to: The Links at Montague*

*I do hereby release, absolve, and hold harmless The Links at Montague and/or its staff from any liability of any kind whatsoever in the event of any accident, injury or death sustained by the above named participant(s) while participating in any activity. This form must be signed or the application is invalid.*

**X** \_\_\_\_\_  
**Signature**

**Dated:** \_\_\_\_\_

**Return, Mail or Fax registration to:**

**The Links at Montague**  
**222 Montague Rd.**  
**Dartmouth, NS**  
**B2W – 3P5**  
**Fax: (902) 433-3334**  
**Phone: (902) 433-3332**