

3-Day Clinic Registration Form

Location: Vista Hills Country Club
2210 Trawood Avenue
El Paso, Texas 79935
Pro Shop Phone: (915) 592-6565

10:00 AM – 12:00 PM (Each Clinic Day)

Price: \$20.00 per 3-Day Clinic (Student Golf Members Receive a 25% Discount)

Name: _____

Age: _____

Ability Level: _____

(Beginner – Intermediate – Advanced)

We Would like to Register for

Clinic # 1

Clinic # 2

Clinic # 3

7-9 Jun _____

14-16 Jun _____

21-23 Jun _____

28-30 Jun _____

5-7 Jul _____

12-14 Jul _____

Payment Type: Cash _____ Credit Card _____

Parent or Guardian Name: _____

Parent or Guardian Contact Number: _____