

PRO SHOP STAFF:

ATTACH RECEIPT HERE

2024 ADULT PROGRAMS REGISTRATION FORM



STUDENT INFORMATION

Name: _____

Zip: _____ E-Mail: _____ @ _____

Tel: (_____) _____

For the Beginner Golf Schools, DO YOU NEED TO BORROW CLUBS?

If YES, please circle if you are: RIGHT HANDED LEFT HANDED

REGISTRATION AND PAYMENT INFORMATION

CODE (i.e., BEG B)	TUITION	PROGRAM NAME/DESCRIPTION (you may write the dates as well)
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL: \$ _____		SIGNATURE: _____

Which card: ___ VISA/MC ___ AMEX ___ Discover

Card Number (please carefully write the correct #): _____

Name on card: _____ Exp. Date: _____ CVV Code: _____

CHECKS ARE NOT ACCEPTED.

By signing, initialing, or submitting these forms, I acknowledge and understand that Harbor Links Golf Course and it's employees, the Town of North Hempstead, or any guest instructors and trainers are not responsible or liable for any injury, or loss of personal property. I am fully aware that physical fitness activities might be a part of the instruction programs.

I also hereby agree and consent to allow representatives of Harbor Links to photograph, film, tape and/or record my likeness, voice, sound and quotations. I hereby grant to Harbor Links and all related and affiliated entities, and their respective licensees and assigns, and the directors, officers, employees and agents of each (collectively "Released Parties"), forever and throughout the world, the right to use and license the right to reuse such photographs, films, tapes and/or recordings of my likeness, voice, sound, quotations, and my name, in all media, whether now known or hereafter devised, throughout the universe in perpetuity, whether for advertising, publicity, or promotional purposes only.

Student Initials: _____

Submit by fax, e-mail, or in person, marked "Attention: Adult Golf Programs."
 Fax: 516-767-4812 E-Mail: jhong@palmergolf.com
 By Mail: Harbor Links Golf Course, 1 W. Fairway Drive, Port Washington, NY 11050