



## Swingers Introductory Programme Registration Form

Name: \_\_\_\_\_

Ph: \_\_\_\_\_

Mb: \_\_\_\_\_

Email: \_\_\_\_\_

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

Preferred Programme Date: \_\_\_\_\_

Please return this registration form to Tiffany via email, post or fax and we will contact & confirm your booking with payment.

Postal : Bayview Golf Club, PO Box 312 Mona Vale 2103

Fax: 9979 5806

Email: [proshop@bayviewgolfclub.com.au](mailto:proshop@bayviewgolfclub.com.au)