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Ask about our Academy
Membership and how to
Join!

Head Golf Professional
Matt Savage, ext. 237

Associate Golf Professional
Ben Reid, ext. 247

THE ACADEMY AT MILL RUN

REGISTRATION FORM

Thank you for choosing The Academy at Mill Run. We are looking forward to helping you achieve your golfing goals. In order to better prepare us for your arrival, we ask that you fill out the following information. The information that you provide us will be kept confidential and will only help us to better prepare to meet your needs.

Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Health Issues: _____

Emergency Contact Number: _____

Golf History

Club Affiliation: _____ Handicap/Avg Score: _____

How long have you been playing golf? _____

Have you had any formal lessons? _____

Private Instructor's names or Golf Schools you have attended: _____

What are your golfing goals? _____

Where did you hear about The Academy at Mill Run? _____

Why did you choose The Academy at Mill Run? _____

Administration Area

Date of Program: _____ Type Program chosen: _____

Program Amount: _____ HST: _____ Total: _____

Invoice Number: _____ Method of Payment: _____

Credit Card # _____ Exp. ____/____