



**DEFENSE LOGISTICS AGENCY**  
 DEFENSE SUPPLY CENTER, COLUMBUS  
 POST OFFICE BOX 3990  
 COLUMBUS, OH 43216-5000



# Adult Beginner Golfers Program Registration Form

**Entire cost: \$150 (Single) \$275 (Husband & Wife)**  
**@ Eagle Eye Golf Course Phone: 692-2075**

**Dates**

April 14-May-12     May 26-June 23     July 7-August 4

**Name:** \_\_\_\_\_ **Need Clubs?** \_\_\_ Yes \_\_\_ No

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

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

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**1. MY GOLF EXPERIENCE IS: (check one that best describes you)**

- \_\_\_ I have never played golf before.
- \_\_\_ I have only hit golf balls at a range
- \_\_\_ I have only played golf a few times in my life
- \_\_\_ I play golf 1 to 3 times a year
- \_\_\_ I play golf 4 to 7 times a year
- \_\_\_ I play golf more than 7 times a year

**2. I WOULD LIKE TO PARTICIPATE IN THIS PROGRAM:  
 (check all that apply)**

- \_\_\_ Because I have always wanted to learn the game
- \_\_\_ To meet new people to play golf with
- \_\_\_ Because the price of the program is so affordable
- \_\_\_ A family member plays golf
- \_\_\_ To improve my game
- \_\_\_ Because someone I know has/is participating in the program
- \_\_\_ For business reasons
- \_\_\_ To see if I like playing golf
- \_\_\_ So I don't look foolish playing golf
- \_\_\_ To have fun

<b>Method of Payment:</b> ___ Check ___ Mastercard ___ Visa ___ Cash		
<b>Acct#</b> _____	<b>Exp.</b> _____	<b>Total Amount \$</b> _____

**Applicants Signature:** \_\_\_\_\_