



Academy Registration Form



PGA Professional – Bill Borgman
For More Details, Please Call Bill – (231) 670-9334 (cell) or (231)-893- 4232 (clubhouse)
Visit Our Club Website at: www.whitelakegolfclub.com

Last Name: _____ First Name: _____

Sex: Male Female Age: _____ E-Mail: _____

Home Phone: _____ Phone Alt: _____ Mobile: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____ Alt: _____

*Please indicate any health concerns (allergies, medical conditions, medication) that our staff should be aware of:

Privacy Policy: Personal Information Collected will be used and held solely by WLGC/Borgman Golf. Information is collected for the operation of the lesson program, which includes safety and emergency purposes, and for future correspondence with participants, which may include information about relevant upcoming events.

Conduct: The programs are operated by, and located on the WLGC premises. To this end, all registrants will respect the facilities and grounds, and will abide by the rules. Failure to do so may result in immediate expulsion from a program, without a refund of payment.

Refund Policy: Refunds will be issued for any cancellation received 7 days prior to the 1st day of attendance. All refunds are subject to a \$25 administration fee. All lessons programs are otherwise non-refundable in whole or in part and expire as of 5pm October 15th 2018.

Photo Permission: Participants may be photographed or filmed. These photographs and films may be posted online, and used in print materials for the current or following year’s lesson programs. Please indicate below that you are aware of this policy by checking boxes applicable:

I grant WLGC to publish my image pertaining to golf lessons program promotional materials.

I do not wish my image to be used in promotional materials.

I have read and agree to all of the above:

Signature: _____ Date: _____

Total Payable: \$ _____

*Checks payable to “Borgman Golf”

Financial information collected will only be used by Borgman Golf and shared with the appropriate credit card company.

CREDIT CARD: MASTERCARD VISA OR CHECK CASH SALE – Received by: _____

Card Number: _____ Expiration Date (MM/YY): _____ CVC# _____

Name on Card (Please Print): _____

Signature: _____

Please indicate what Academy Class you’re registering for:

Summer Camp: \$250 (age 7-14) June 18-22 July 9-13 August 6-10 - 2:00pm-4:00pm

Juniors:

Age 7-18 Semester 1 – May 14th – June 7th – 4:30-5:30pm

Age 7-10 Semester 2 - June 11th – July 30th – 11:00-12:00pm

Age 7-10 Semester 3 – Aug. 25th – Oct. 13th – 10:00-11:00pm

Age 7-18 Semester 1 – May 14th – June 7th – 4:30-5:30pm

Age 11-13 Semester 2 - June 11th – July 30th – 12:00-1:00pm

Age 11-13 Semester 3 – Aug. 25th – Oct. 13th – 11:00-12:00pm

Age 7-18 Semester 1 – May 14th – June 7th – 4:30-5:30pm

Age 14-18 Semester 2 - June 11th – July 30th – 1:00-2:00pm

Age 14-18 Semester 3 – Aug. 25th – Oct. 13th – 1:00-2:00pm

Ladies:

Semester 1 April 18th – June 6th – 2:00-3:00pm - Semester 2 - June 12th – July 31st – 4:00-5:00pm

Men:

Semester 1 April 15th – June 10th – 2:00-3:00pm – Semester 2 – June 17th – Aug. 5th – 2:00-3:00pm

Prices for each Semester: Academy \$240 - Player = \$300 – Mini Tour = \$440 – Tour = \$500