GOLF SKILLS CYMRU

Lesson Register

www.golfskillscymru.co.uk

Facility Name ..... *Lesson Registration Form and Attendance Record*

This is to be used to register group lessons and for the professional to use as an attendance record. Please ensure that all information is complete for each individual.

Lesson Start Date ..... Lesson Time .....

	Name	Contact Number	Emergency Contact No. (during time of lessons) Any Medical Conditions e.g. asthma	Register (Please Tick if attended)					
				Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									