

## Lady Masters Golf Enrolment Procedure

<p>&gt; Please fill in the registration form below correctly and completely.</p>	
<p>&gt; Due to the popularity of the programme and limited space on each course, proof of payment is to be accompanied with the registration form and returned to us via fax or e-mail. <b>No</b> registration will be processed without the required payment.</p>	
<p>&gt; Every participant receives a course folder &amp; <b>personalised</b> worksheets for the relevant level. In order to receive your personalised materials on time, <u>registration form and payment must be received by TGSE at least 10 days prior to the starting date.</u></p>	
<p>&gt; Please make payment of R900.00 (VAT incl.) per participant into the following bank account:</p> <p>Bank: Standard Bank            Acc name: Balderstone Golf (Pty) Ltd            Acc no: 422 068 187            Branch: Rivonia Branch            Branch code: 00-12-55</p>	
<p>&gt; Please quote <b>LMG – participant's initial.surname</b> as payment reference:            Example: <b>LMG – A.Sorenstam</b></p>	
<p>&gt; You will receive confirmation of registration and the relevant programme starting date via a text message or e-mail.</p>	
<p>&gt; This registration form along with proof of payment are to be e-mailed <b>or</b> faxed to the addresses below:</p>	
<p>Fax: 0865 031 802            E-mail: <a href="mailto:info@tgse-golf.com">info@tgse-golf.com</a></p>	<p>Visit TGSE website for more information:  <a href="http://www.tgse-golf.com">www.tgse-golf.com</a></p>

## Lady Masters Golf Registration form

### 1. LMG PARTICIPANT'S DETAILS (Please ensure you correctly fill in all details on the space in the form)

Surname		First Name	
Please specify how you would like your name to appear on all LMG materials / certificates			
Telephone No	Cell:	Fax:	
Home:		Work:	
E-mail address			
Postal address			
Do you have own golf clubs? Please tick	Yes	No	
Previous golf experience			
Any physical limitations or injuries we should know about?			
If yes, please specify:			
How did you hear about LMG golf? (Mark with " V " next to the relevant choice)	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Referral	<input type="checkbox"/> Website
	<input type="checkbox"/> School	<input type="checkbox"/> Advert	<input type="checkbox"/> Other
Elaborate on your choice selected, e.g Which advert?			

### 2. STARTING DATE REQUESTED

Day		Date	DD / MM / YYYY	Time	
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Thank you for the information. We look forward to sharing a fun, learning golf experience with you very soon.