

CHIP N SIP

REGISTRATION FORM



NAME: _____

EMAIL: _____

PAYMENT METHOD: \$150.00

CASH E-TRANSFER CREDIT/DEBIT (TAXES WILL BE APPLIED)

CLINIC OF CHOICE

TUESDAY 5:30PM (BEGINNING MAY 24TH)

TUESDAY 6:30PM (BEGINNING MAY 24TH)

WEDNESDAY 5:30PM (BEGINNING MAY 25TH)

WEDNESDAY 6:30PM (BEGINNING MAY 25TH)

FRIDAY 5:30PM (BEGINNING MAY 27TH)

FRIDAY 6:30PM (BEGINNING MAY 27TH)

PAYMENT IS DUE AT TIME OF REGISTRATION



DALEWOOD
GOLF CLUB