



Fit Like a Pro Golf School Registration Form

Register by Phone, Fax or Mail

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

School: **3-Day School with Drs Wright and Mellman and Trainer**

School Date: ___/___/___ to ___/___/___

Credit Card # _____
(We accept Visa, MasterCard, and American Express)

Exp. Date: _____ Security Code: _____
(month) (year)

If paying by check, we must receive check prior to the school date.
If paying by cash or gift certificate please provide at check-in for admission to the school.

Signature: _____ Date: _____

Mind Under Par Golf Schools
31731 Via Coyote, Coto de Caza, CA 92679
Phone: 888-620-4653 or 949-459-6871
Fax: 949-589-8872

Fees: \$2,795

Cancellation Policy: We require a 72-hour cancellation notice, less than 72 hours may incur a small fee. Contact us for more information.