



# LANCEFIELD GOLF CLUB INC.

34 HEDDLE ROAD, LANCEFIELD VIC 3435  
CORRESPONDENCE TO PO BOX 89, LANCEFIELD VIC 3435  
CLUBHOUSE PH: (03) 5429 1922  
E-MAIL: lgclub@bigpond.net.au

## GOLF CLINICS ENROLMENT FORM

Clinic Enquiries to John Rebbechi – 54291918 mob 0413272569, email – [jsreb@bigpond.com](mailto:jsreb@bigpond.com)  
or Helen Dennett 54291849, mob 0407 542949, e-mail - [helendennett@bigpond.com](mailto:helendennett@bigpond.com)

First Name ..... Surname.....

Address .....

.....Postcode .....

Phone .....

Email .....

Yes, I would like to enroll in golf lessons:  
(please Tick as appropriate)

I wish to enrol in the Wed. sessions on 10<sup>th</sup> Mar, 17<sup>th</sup> Mar, 24<sup>th</sup> March

I wish to enrol in the Sun. sessions on 14<sup>th</sup> Mar, 21<sup>st</sup> Mar, 28<sup>th</sup> March

**Group 1:** Advanced (Handicap < 25)

**Group 2:** Intermediate (Handicap >25 , or played a fair amount)

**Group 3:** Beginner (played very little or not at all)

I need to borrow clubs

You will be notified of the time of your lessons closer to the date. The sessions will last for approximately 1 hour. You are advised to bring your own lunch and may wish to play a few holes after lunch.

Cheque /cash / money order for \$30 enclosed

Signed: ..... Date: .....

ABN 12 126 093 054

FAX NO: (03) 54291952

Reg. No. A0002865P

website: [www.lancefieldgolfclub.com.au](http://www.lancefieldgolfclub.com.au)