



Fox Ridge Golf Club

Wine & Nine

Registration Form

NAME _____

ADDRESS _____

CITY, ST, ZIP _____

PHONE _____

EMAIL _____

Do You Have Your Own Clubs? Yes No

Are You Right-Handed or Left-Handed? RH LH

Please Check the Session You Would Like to Attend:

All sessions will be conducted on Thursday evenings from 5:30-7:30pm

Session One (1)

Thursday's (May 18, 25, June 1, 8, 15)

Session Two (2)

Thursday's (June 29, July 6, 13, 20, 27)

\$225 Per Person Per Session

Payments either Cash or Check payable to Jerry Diphilippo