



Registration Form

**required fields*

Name*: _____

Email*: _____

Address: _____

City: _____

Province _____ Postal Code _____

Birth Year: _____ Gender: ____ M ____ F

Phone Number: (____) _____ - _____

Registration Questionnaire

1. My golf playing experience is: *(Select the statement that best describes you)*

- _____ I have never played golf before.
- _____ I have only hit golf balls at a range.
- _____ I have only played golf a few times in my life.
- _____ I used to play regularly but have not played in some time.
- _____ I played golf approximately _____ time(s) last year.

2. I learned about this program from: *(Select all that apply)*

- _____ From a friend/family member who plays
- _____ From the radio
- _____ From a friend/family member who doesn't play
- _____ From TV
- _____ At the golf course/practice range
- _____ From mailer or newsletter
- _____ From a magazine or newspaper article
- _____ From an advertisement in a magazine or newspaper
- _____ From an email
- _____ From a local golf event
- _____ Other (please specify): _____

3. My race/ethnic origin is: *(optional)*

- _____ African American
- _____ East Indian
- _____ Asian
- _____ Caucasian
- _____ Other Race/Ethnicity

**Please Fax this completed registration to (306) 782-6498
Or drop off at Deer Park Golf Course Pro Shop or Yorkton City Hall**