



New Student Enrollment Form

Please ensure to completely fill out all pages and bring them by our office.

Student Information

Student Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Where did you hear about The Zeb Patten Golf Academy? (Circle all that apply)

Radio Advertisement Outdoor Signs Student Referral Zgolf.org Returning Student

Other (please explain) _____

Parent/Guardian Information

Only applicable for students under 18

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____



CREDIT CARD AUTHORIZATION

I authorize the ZGolf to charge my Monthly Student Dues to my MasterCard / Visa (circle one) credit card.

I will notify ZGolf if I cancel my credit card, or, wish my dues to be charged to another credit card. (In this case, a new authorization form must be filled out.)

I also agree to notify ZGolf in writing 10 days prior to any change or termination of enrollment in the Zeb Patten Golf Academy.

Monthly Charge: _____

Credit Card Number: _____

Expiration Date: _____ Security (CSV) Code _____

Print Name _____ Date _____

Sign Name _____ Date _____

Electronic Signature Disclosure

If emailing this form back in please place the card holder's initials on the line below and by doing so card holder agrees to the above terms.

Initials Here: _____