

AMPUTEE VETERANS
FIRST SWING GOLF CLINIC
Registration Form



VETERANS'
**FIRST
SWING**
GOLF CLINIC

Please complete the following form and mail back to the address indicated.

Participants must be Veteran amputees who receive care from a VA Medical Center. Veterans with all levels of golf experience are encouraged to attend. This form must be filled out completely and returned to the address below by March 30, 2011. Any questions regarding this form, please call: 215.823.4507 or email bethany.purdue@va.gov

Participant information:

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Branch of Service: _____ Conflicts Served: _____

Will you need golf clubs provided to you for the day? Yes _____ No _____

Do you use a wheelchair for mobility? No Yes If yes, please indicate: Power Chair Manual Chair

Please check the following:

Amputation Level: Upper Extremity Amputee Lower Extremity Amputee

Experience Level: Beginner Intermediate Advanced

Shirt size: Medium Large XL 2X

Guests:

You may bring one (1) guest with you. Guests may accompany you for lunch and observe the golf clinic. They will not be able to participate in golf lessons with the Golf Pros as this will interfere with the Veterans' instruction time. Thank you for your understanding.

Guest Name: _____ Child Adult

Please sign below confirming your registration with Philadelphia VAMC's First Swing Golf Clinic.

Signature: _____ Date: _____

Please mail completed registration form to:

Philadelphia VA Medical Center
C/O Bethany Purdue- Golf Clinic (RMS 117)
University & Woodland Avenues
Philadelphia, PA 19104