



**PERSONAL DETAILS:**

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HAVE YOU PLAYED GOLF BEFORE: YES / NO

DO YOU HAVE YOUR OWN SET OF CLUBS? YES / NO

**PAYMENT OPTION (K1000 THE COMPLETE 5 WEEK PROGRAM)**

- I WILL EFT AND SEND PROOF OF PAYMENT TO [CHARLESJ@BONANZAGOLFCOURSE.COM](mailto:CHARLESJ@BONANZAGOLFCOURSE.COM)
- I WILL PAY BY CARD AT THE FIRST SESSION

**BANKING DETAILS: PROTEA LEISURE LIMITED**

BANK: STANBIC BANK

BRANCH: LUSAKA MAIN

BRANCH CODE: 04002

ACCOUNT NUMBER: 9130000734962

ACCOUNT TYPE: CURRENT

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