



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 (K500 FOR THE COMPLETE 5 WEEK PROGRAM)

- I WILL EFT AND SEND PROOF OF PAYMENT TO 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
