

2021 US Kids Golf Training Enrollment direct 407.996.3306 visit www.bradbrewer.com email contact@bradbrewer.com fax 407.996.9932

Golfer's Name:		Age:	DOB:
Best eMail Address:			
Please list ALL medical a	lerts here (i.e., food, inse	ect, Rx allergies, etc):	
Training: Tuesdays 4:1			
Monthly Fee: \$225 (\$20	00 per sibling enrolled in	the same proram.)	
If paying by Check, pleas	e make payable to: Bra d	Brewer Golf Academy	
If paying by Credit Card ,	please provide the follow	ving information:	
Name on Card:			
Card No.:			
Exp Date:	Veri Code:	Billing zip code:	
			e above stated monthly fee next scheduled payment.
Authorized Signature:			



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Parents: Thank you for allowing us to teach and coach your junior golfer. It is our sincere endeavor to provide an experience that will ignite your junior's desire to play and enjoy this great game for a lifetime!

In the event a scheduled training session has to be missed, please contact Wanda at 407.595.3645. Please understand this is a monthly training program that entitles your junior to 1.5 hours of weekly training. Refunds or partial refunds will not be issued. Thank you for your understanding. Please initial:
Juniors: We are committed to your game development on all levels. We also remember what it is like to be a junior athlete so we will create an environment that supports and inspires you! Please on a regular basis express to your parents your gratitude for all they do to make this happen for you.
Please initial:
Thank you!
Happy Golfing!
Gal Drewn
Instructor's Section: Notes