



THE FIRST TEE OF THE TRI-VALLEY
Program Registration

Student Name _____ Age: _____

Male: _____ Female: _____ Phone #: _____

Email: _____

Do you have golf clubs? Yes _____ No _____

IF NO are you right handed _____ or left handed _____

IF NO - Height: _____

Any allergies, medical problems and/or medications that we should be aware of: _____

Circle Level: Player Birdie Eagle Ace

Session # _____ Starting Date: _____

Current Member of the First Tee? Yes No

IF NO – A SEPARATE PARTICIPANT PERMISSION (MEMBER REGISTRATION) FORM FOR THE FIRST TEE TRI-VALLEY IS REQUIRED.

Credit Card # _____ Expires: _____
(Visa or MasterCard) (MM/YY)

Name on Card _____

Zip code where the statement is mailed to: _____

Amount Paid: \$ _____ Paid by: \$ Ck CC

Checks payable to The First Tee TV

The First Tee of the Tri-Valley
Pleasanton Golf Center
2843 Hopyard Road, Ste 143
Pleasanton, CA 94588
925-462-7201 – office
925-461-1013 - fax

www.pleasantongolfcenter.com