



PGA™



Name of Student \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check # \_\_\_\_\_

Name on Check \_\_\_\_\_

Cash: \_\_\_\_\_

FOR OFFICE USE ONLY:				
	Amount Paid	Method	Entered by	Notes

Lesson Duration – 60 Minutes

**Mail Payments to:**

Ohio Junior Golf Academy  
3331 Birchdale Rd NW  
Canton, Ohio 44708

330-412-2320

# Lessons	Rate	Total	Payment Plan
10	\$35	\$350	Paid in Full
20	\$30	\$600	\$300 / 2 Months
30	\$25	\$750	\$150 / 5 Months

**Payment Options:**

**Cost:** \_\_\_\_\_ **Please circle one of the following:**    10    20    30

**Payment Method:** Cash Check Credit Card (Visa / MasterCard)

CC / Check # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV (3 digit) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_