

SE FUTURES JUNIOR GOLF CLUB

ACADEMY ENROLMENT FORM



I wish to enrol.

Participant

Name:

Address:

Phone: (h).....(m).....

School Attending:

Emergency Contact Phone: Relationship:

Email:

Date of Birth: Golf Club

Handicap Golf Link No:

(Please circle) Left Handed or Right Handed

Known Medical Conditions:

Golf South East has permission to photograph my child for golf promotional purposes.

(Please circle) **YES** **NO**

I herein confirm the above information provided by me is true and correct.

Parent/ Guardian Name:

Parent/ Guardian Signature:Date:.....

Equipment: Your own equipment can be used; Practice balls etc. supplied by Golf SE or coach; Golf clubs supplied upon request.

Clothing: be comfortable, hat, golf shoes or sneakers;

Other: sunscreen, water bottle, snack food.

Enquiries to:

Heath Sandford, Golf South East Junior Coordinator

Mob: 0411 193 038; Email: jazzylu@bigpond.com

Mary Winsor, Golf South East Development Committee.

Mob: 0438 057 435; Email: mwinser@bigpond.com

Cheque Payments made out to Golf SE Inc. And sent to the Golf SE Treasurer, PO Box 83, Kalangadoo, SA, 5278.

EFT Payments to Golf SE Inc; BSB 105002; Acc No: 128425440 Ref: **Academy** and your **Surname**