

2019 Easter Holiday Junior Day Camps

Applicant Information

Golfer Name:			
Age:			
Gender:			
Address:			
City/Town:		Post Code:	

Dates Attending:

- 16th April 18th April 23rd April
 2th April

Allergies: *(Please list any below)*

Special requirements: *(Please list any disabilities, injuries or any additional requirements)*

Parent/Guardian Information

Full Name:	
Home Tel:	
Mobile Tel:	
Email Address:	

Photo Declaration:

(Are you happy for appropriate images to be taken of your child for advertising purposes?)

Yes No

Equipment Requirement:

(Do you need equipment to be provided?)

Yes No

Emergency Contact Information

Contact #1 Name:	
Relationship to Golfer:	
Home Tel:	
Mobile Tel:	

Contact #2 Name:	
Relationship to Golfer:	
Home Tel:	
Mobile Tel:	

Please ensure you complete the entire form

Payment

Payment Method:

(Payment is accepted by cheque, cash or wire transfer. Please selected your payment method below)

- Cash Wire Transfer Cheque

Cheque: *please make cheques payable to: 'Morgan Jackson'*

Wire Transfer: Sort Code: 07-02-46 Account No: 34706304 Ref: TWGAJuniors

Print Name:

Signature:

Date:

Please ensure you complete the entire form