

Play Better Golf with...



Learn golf, play golf, love golf



Printed & Sponsored by



Beginner Course

Intermediate Course

Advanced Course

Please tick the course you are applying for

APPLICATION FORM

Child's Full Name:

Parents Full Names:

Address:

.....

Postcode: E-mail:

Tel No. Home: Emergency Mobile No.:

Tel No. Work:

Age: Date of Birth:

Any medical problems we need to be aware of:.....

Golf Experience:

(How long have you been playing golf)

How far can you hit the ball: Golf Handicap:

Do you own your own Golf Equipment: No Yes How Many

School:

Girl or Boy: Right or Left Handed:

Please tick which day you prefer Saturday: Sunday: Evening Class

Start Date:

Administration Notes:

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