

BannLynchGolf Junior Golf Program

Class Registration Form

Child's Details

First Name _____

Surname _____

Age _____

Stuart Appleby JG member ? _____

Golf History: Absolute Beginner _____ Some Experience _____

I Wish to join the following clinic: _____
Date of the Week _____ Time _____

Name of friend you wish to group with: _____
(If applicable)

Parent/Guardian Details

First Name _____

Surname _____

Address _____

Telephone _____

Mobile _____

E-mail Address _____

I, the parent/guardian of the above youth, hereby give my consent to his/her participation in the BannLynchGolf Junior Golf Classes. I hereby release the Melbourne Golf Academy, BannLynchGolf, all employees, volunteers, advisors and sponsors from any and all liability in connection with his/her participation related thereto. I understand that there is a standard on conduct which is requested from all children.

Parent/Guardian Signature _____

Date _____

Payment Method

_____ Cheque is enclosed for the amount of \$ _____
_____ Paid in cash for the amount of \$ _____
_____ Please debit my credit card for the amount of \$ _____

Type of Card: _____ Card Number: _____

Name of Card: _____ Expiry Date: _____

Received by MGA attendant: _____

Name _____

Date _____