



MYGolf National Skills Challenge Program

Member Enrolment Form

To be completed and forwarded to the MYGolf Centre

I wish to enrol my child in the MYGolf National Skills Challenge Program.

Centre Name:

Member Name: **Male / Female** (please circle)

Address: **Postcode:**

Date of Birth: **Email:**

School Year: **School Attending:**

Golf Club: **H'Cap:**
(if any) (if any)

Golf Link No:
(if any)

Name of Parent / Guardian:

Telephone: **H:** **W:** **M:**

Enrolment Pack Distribution: (please circle) **Home Address** or **MYGolf Centre**

Method of Payment: Cheque Credit Card Cash

Credit Card Details: Visa Mastercard

Expiry Date:/...../..... **Amount:** \$.....

Signature:

Cardholder's Name:

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