

JUNIOR Golf SA REGISTRATION FORM

10 Week Golf Coaching Program



Dates Sunday 7th October 2012 through to Saturday 15th December 2012 (10 week program)

Where North Adelaide Golf Course, Strangways Tce North Adelaide

REGISTRATION FORM REQUIRED BY 5pm Tuesday 2 October 2012

RETURN TO Golf SA

Email: admin@golfsa.com.au

Fax: (08) 8267 1437

Post: PO Box 423, North Adelaide, SA 5006

Name _____ D.O.B _____

Address _____ Suburb _____ State _____ P/Code _____

Home Club (if applicable) _____ School _____

Parent Name _____ Emergency Contact PH _____

I consent to my child participating in the Golf SA MYGolf Junior program as detailed in this brochure.

Signed _____ Date _____

Email _____ (Golf SA's preferred way of communicating)

FEE

\$155.00 (for 10 week Program) or \$122.00 for existing MYGolf Members (MYGolf membership ID badge must be shown at Launch Day to obtain discount).

METHOD OF PAYMENT

(tick selected option)

Credit Card: Visa Mastercard **(No other cards accepted)** Cheque

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____ CVN _____

Cardholder's Name: _____ Amount: _____

Cardholder's Signature: _____