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2015/2016 Application Form Golf SA High Performance Elite Development Program

play golf

Application Closes Friday 29th May, 2015

APPLICATION CONTACT DETAILS

FULL NAME: _____
ADDRESS: _____
_____ POSTCODE: _____
PLAYER EMAIL: _____
HOME PHONE: _____ PLAYER MOBILE: _____
DATE OF BIRTH: _____ HOME CLUB: _____ HANDICAP: _____
GOLFLINK NO: _____

Why should I be selected into the HP Elite Development Program? (please write a short paragraph)

What skills and or competencies would you like to develop or enhance as a result of participating in this program and why? (please provide details on up to four skills or competencies)



Government of South Australia
Office for Recreation and Sport

be active.



Recent Playing Schedule (Significant Events Played and Results):

Event	2014	2015	Result
Vardon Series			
Amateur Championships			
Junior Amateur Championship			
Pennant			
Junior Masters			
Junior Opens			
Junior Sandgreens			
Aaron Baddeley			
Brett Ogle Cup			
Jack Newton			
SSSAS			
SAPSASA			
Others: National			

What is the highest representation level you have achieved? (State team, state junior, schools, club etc)

What are your Golf goals/aims for the next 12 months to 3 years?

Do you currently have a coach? (if yes, provide details)

Are you currently involved in a Physio program? S+C program? Psych program? (Provide details)

Are you involved in a structured golf program at your Club/School/District?

Do you use a Statistics program regularly? Yes/No (Details of Program)

What equipment do you use and have you been professionally fitted? (Clubs/ ball)

What are your plans for the future? And what is your foreseen timeline? (Pro/College)



Application Declaration

- . If chosen I will give 100% commitment to the program and attend all training sessions
- . I will give respect to all service providers, coaches and squad members
- . I will have a professional attitude to training
- . I will work as part of a team at all times
- . I will adhere to the Golf SA Code of Conduct and other relevant policies
- . I will respond to all administration/emails/text asap
- . I will enter all events and trainings into my personal calendar/ organizer
- . I understand that non compliance/ non attendance may result in removal from program
- . Non attendance must be approved by relevant coach/ service provider

I declare the information in this application is true and correct to the best of my knowledge and understand the terms of the application.

Signature of Applicant _____

(If applicant is under 18 years of age)

Signature of Parent/Guardian _____

Parents Email: _____

Parents Name: _____ Parents Mobile: _____

Cost of HP Elite Development Squad Program \$350.00 (July 2015 – June 2016)

The Payment will not be processed until you have been accepted in to the program.

Method of Payment: Cheque Visa Mastercard

Card Number ____/____/____/____ expiry date ____/____ CVN _____

Card Name _____ Signature _____

Please supply your size for a Puma 2015/16 High Performance Polo Top: _____

APPLICATIONS CLOSE FRIDAY 29TH MAY, 2015