

ST. REGULUS LADIES' GOLF CLUB

JUNIOR APPLICATION FORM

9 Pilmour Links, St Andrews. KY16 9JG

Telephone: 01334 477797 Email: admin@st-regulus-lgc.co.uk

Application for Membership - please provide your personal details

FULL NAME (MISS) _____

ADDRESS: _____

POSTCODE: _____

TELEPHONE NO: _____ MOBILE _____

DATE OF BIRTH: _____

Parental Contact -

NAME: _____

RELATIONSHIP TO JUNIOR: _____

MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

(This will be email address we will send all correspondence to)

Have you previously been a member of this club? Yes / No Are you a member of any other club? Yes / No

Name of Home Club: _____ CDH id (if known) _____

Link ticket status (tick as appropriate): secured pending

Handicap: _____
(if you have one)

waiting list number (if known) _____

Applicant's Signature: _____

- I understand my daughter MUST USE the ICE facility on their mobile phone when they are participating in St Regulus Ladies Golf Club events.
- I give permission for my daughter to be photographed.
- I give permission for my daughter's name, parent guardian name and e-mail to be shared with SALJGA if required.

Parent's Signature: _____ **Date** _____

For official use only:

Received:

Approved by Committee:

On Handicap system:

Entered On Database: