



SUB-JUNIOR PROGRAM APPLICATION

Lake Karrinyup Country Club (Inc)

NAME OF CANDIDATE				
	Title	First Name	Middle Name	Surname
Home Address				
Suburb		State / Country		Postcode
Private Phone		Other Phone		Date of Birth
Email				
Current Handicap		Golflink #		
Is the Candidate related to a current Club member?		If yes, full name and relationship		
School and Year				
Parent/Guardian No 1		Phone		
	Email			
Parent/Guardian No 2		Phone		
	Email			

Do you have any golfing experience? Yes / No

If yes, list further information:

Are you currently a member of or have you previously been a member of another Golf Club? Yes / No

If yes, list further information:

Have you attended any junior clinics at Lake Karrinyup Country Club? Yes / No Year

Do you give permission for your child's photograph to be used in any Lake Karrinyup publication? Yes / No

I understand that this application is subject to Committee Assessment and that my personal information may be shared with the Committee when assessing my application.

I agree that Lake Karrinyup Country Club (Inc) may make such enquiries as it thinks fit in pursuance of this application.

Signature of Candidate: **Date:**

Signature of Parent/Guardian: **Date:**

PAYMENT DETAILS

VISA MASTERCARD CASH CHEQUE

Card No: -- -- --

Card Expiry Date: _____ **Cardholder's Name:** _____

Signature of Cardholder: _____ **Date:** _____