

**THE WORCESTERSHIRE GOLF CLUB LTD
WOODFARM, MALVERN WELLS,
WORCESTERSHIRE
WR14 4PP**



APPLICATION FOR JUNIOR MEMBERSHIP AND PARENTAL CONSENT FORM

This form must be completed by and signed by all parents or guardians of The Worcestershire Golf Club junior members. Please return to the Secretary/Managers office when complete.

Surname:.....

Forenames:.....

Address:.....

.....Post Code:.....

Telephone No:.....Date of Birth:.....

1. Are you, or have you been, a member of a Golf Club? YES / NO

2. If you answered "YES" to Q.1. please name the Club:.....

3. Please state you latest handicap, if any:.....
(attach handicap certificate)

4. If you are a novice golfer but you have taken lessons from a Professional, please give details:

5. If any members of your family or friends are, or have been, members of this Golf Club, please give details including relationship:.....

6. Which school do you currently attend?.....

Signature of Junior: Date:

E-mail address:

Parental Consent

I hereby give permission for to become a Junior Member of The Worcestershire Golf Club.

I confirm that no junior of primary school age will be left unattended at the Golf Club

Signed:

Relationship to prospective member e.g. parent, guardian