



RENEWAL APPLICATION FOR USE OF A GOLF BUGGY

FOR THOSE WHO HAVE ALREADY PROVIDED A MEDICAL CERTIFICATE.

By signing this schedule I confirm that I have read, understood and accept the guidelines and conditions set out in the Y.L.C.G.A. Transportation Policy (January 2018).

NAME (PLEASE PRINT)	
HOME CLUB	
FOR YEAR	
EMAIL ADDRESS	
SIGNED	
DATE	

Office use only:

Approved by Date

To be returned to Administrative Assistant no later than 1st March of the year to which it applies.

The YLCGA will not share your details with any third party and they will be removed from our system within 12 months should you fail to renew your request.

Lesly Ford
Hon Secretary YLCGA
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