

Phone: (07) 5444 5800 Email: golf@headlandgolfclub.com.au Web: www.headlandgolfclub.com.au

HEADLAND GOLF CLUB - JUNIOR MEMBERSHIP NOMINATION FORM

Full Name:	(Surname)		(First	Name)
Gender:	☐ Female ☐ Male	Current	•	_ Date of Birth:
Address in full	Unit & or Street Number: Street:			
	Suburb:			Post Code:
Mail Address:	☐ As Above			
				Post Code:
Mobile Number:	Home Phone:			
Email:				
accordance with the GOLF may not be able to obtain	Link 'Activity' and to provide you v	with GOLF Link s official Australiar	ervices. If the re handicap. Sho	Your personal information will only be used in quested information is not provided to GA you uld you wish, you will be able to access your
Current or past Golf	Memberships:			
Have you ever held	a GA handicap?		☐ Yes	□ No
If yes, what is/was y	our Golf Link Number: _			
Do you wish to be handicapped at Headland Golf Club? \square Yes \square No				
TO BE COMPLETE	D BY PARENT/GUARD	IAN:		
Parent/Guardian N	ame:			
Emergency Contact: Mobile: Other phone:				hone:
Email:				
Photography and I	Multimedia Permission	1:		
	and use images/videos o			and appointed volunteers ourpose of promoting junior golf
Yes, I agree	☐ No, I do not agree			
from Headland Golf C	club? Email Po	ost		nd other important correspondence
How did you/your chil	d hear about us?			
Signature:			Date:	
OFFICE USE ONLY	DATE JOINE	D.		