

EASTHAM LODGE GOLF CLUB

<u>APPLICATION FORM – JUNIOR GOLF</u>

FIRST NAME:	SURNAME:			
AGE:				
HOME ADDRESS:				
POST CODE:				
TELEPHONE: Home: EMAIL ADDRESS:				
ARE YOU A MEMBER OF ANOTHER GOLF				
NAME OF CLUB:	CURRENT C	ERTIFIED HANDIC	AP:	
WILL ELGC BE YOUR HOME OR AWAY CO	URSE: HOME: □	AWAY: □		
CLASS OF MEMBERSHIP APPLIED FOR:	Under 11: □	12 - 1	8: □	
SIGNATURE OF APPLICANT: DATE:				
PARENT/GUARDIAN				
ARE THERE ANY MEDICAL CONDITIONS T	THAT YOU FEEL WE SHOULD I	BE AWARE OF EG.	ASTHMA, ALLERGIES ETC.	
DO YOU GIVE THE CLUB PERMISSION TO A	ADMINISTER FIRST AID BY A	QUALIFIED FIRST	AIDER IF NECESSARY:	
EMERGENCY CONTACT NAME:	EMI	ERGENCY CONTAC	CT NUMBER:	
SIGNATURE OF PARENT/GUARDIAN: _		DATE:		
If my application is successful, I agree to be boun amendments to those Rules deemed to be necessa		the Club as currently	in force or to any subsequent	
Your personal data will be held on a secure systewhilst you are a member, with details of renewals golf service provider, such as GolfNow (BRS), or times, customer support or marketing. Full detail	s or other activities within the club. SAWTED, in order to provide Golj	Your data will only been suith services they	pe shared where it is necessary wit whave requested, such as booking	th a
If you DO NOT wish to be contacted by the club p let the admin office know and they will be remove		box. If you ever wish	your details to be removed then pl	ease
DO NOT Contact me by Post: []	DO NOT Contact me by Phone:	[] DO N	OT Contact me by Email:	[]
Please return this Application Form to: Th	e Secretary, Eastham Lodge G	olf Club, 117 Ferry	Road, Eastham, Wirral CH62	2 0A
Office use: Date Received:	Membership no: Date	e of Joining:	Processed By:	