

PEEL GOLF CLUB LIMITED

JUNIOR MEMBERSHIP APPLICATION FORM

Full Name (please print)
Address including post code
E-mail address
Telephone
Date of Birth

Other Golf Clubs (if any)	
Handicap (if any)	Proposed Home Club

Membership Category Required (Please Tick Box)

Tick box	Age Category	Joining Fee	Annual Fee
<input type="checkbox"/>	Below 8 years of age	Nil	£25
<input type="checkbox"/>	9 to 13 years of age	Nil	£60
<input type="checkbox"/>	14 to 15 years of age	Nil	£90
<input type="checkbox"/>	16 to 18 years of age	Nil	£120

If elected I agree to be bound by the rules of the Club (including the Junior Section) and any instructions which may, from time to time be issued by the Management Committee.	
Date	Signed (Junior)
	Signed (Parent or Guardian)
We vouch for the above Applicant as a fit and proper person to be a member of Peel Golf Club	
Proposer	
Secunder	
Please both sign and print names	

Dear Parent/Guardian

If the application for membership is accepted it would be helpful if you will kindly let us have, in addition to the above information and in confidence, the name of your Child's Doctor together with any current medical conditions or treatments, details of which it would be sensible for the Club to hold. You have the right to see copies of information we hold on your child and to correct any errors. If you wish to see a copy of his/her record please write to the Club Secretary including a stamped addressed envelope.

From time to time the Club may wish to publicise junior events in the Press and on the Club website. This could involve photographs and the names and ages of juniors. Please sign the declaration below, indicating whether or not you agree to such publication.

I agree/disagree to pictures and the name and age of my child being published on Peel Golf Club website or in the Press.

I agree/disagree to my child using the Club changing facilities if necessary.

Name of child _____

Signature of Parent/Guardian _____

Date _____