



SOUTH GIPPSLAND GOLF INC  
secretary@southgippslandgolf.org

**SOUTH GIPPSLAND GOLF INC**  
**JUNIOR GOLF DEVELOPMENT PROGRAM APPLICATION FORM**

I (Full Name), \_\_\_\_\_

Hereby apply to be admitted to the South Gippsland Golf Inc Junior Development Program as at \_\_\_\_/\_\_\_\_/\_\_\_\_

Address, \_\_\_\_\_

Suburb, \_\_\_\_\_ Postcode, \_\_\_\_\_

Telephone, (home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Right / Left Handed \_\_\_\_\_ Golflink Number \_\_\_\_\_

Home Club \_\_\_\_\_ Current GA Handicap \_\_\_\_\_

**Emergency Contact**

Name, \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship (ie Father, Mother) \_\_\_\_\_

**Conditions;**

1. Acceptance to the Junior Golf Development Program is at the discretion of the SGGI board and coaching Panel
2. Current GA Handicap must be 25 or better at time of application, exceptions maybe made at discretion of coaching panel.
3. I understand that if accepted, I will regularly participate in monthly clinics, attend junior events and represent SGGI at teams' events such as Junior Pennant and other GA teams events.
4. Applicant must be under 18 of age

Signed, \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed on behalf of Home Club \_\_\_\_\_

Position \_\_\_\_\_ Name \_\_\_\_\_

**Office Use**

Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved by \_\_\_\_\_

Applicant Advised \_\_\_\_/\_\_\_\_/\_\_\_\_

Coordinator	JS	Match / Board	Cap Provided

Please return completed application form to; [secretary@southgippslandgolf.org.au](mailto:secretary@southgippslandgolf.org.au)