BLOMIDON
GOLF CLUB

2017 Junior Application Form

Membership Category Circle one

Age 10-16 years

Child- of a member	$320
2nd Child – of a member	$260
Child – of a non-member	$410
2nd Child – of a non-member	$330

Parents Name.....

Email.....

Age – 5-9 Years

Group 1 (1.30 - 2.30pm) ___
Group 2 (2.30 - 3.30pm) ___

Future Links $240

Credit Card Number Expiry

Child's Name_____
Address_____
_____
Phone # _____ Work_____
Date of Birth_____
Age_____MCP#_____
Special Instructions (i.e. allergies, special needs_____

We (I) **HEREBY RELEASE AND FOREVER DISCHARGE** the Blomidon Golf Club of and from all claims, demands, damages, action or cause of action arising or to arise by reason of physical injury to (us) me or our (my) child _____ caused to me or him/her while participating in the Golf Program at Blomidon Golf Club.

YES, I AGREE WITH THE ABOVE WAIVER

Parent/Guardian's Signature_____

Wayne Allen – PGA Golf Professional: 639 3741 or wayne@wagolfacademy.com
Brenda Regular - 634 2523 blomidongolfclub@bellaliant.com

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