

# Gerringong Junior Golf Program

## Registration Form

	<b>Students Information</b>
Surname	
First Name	
D.O.B.	
Address	
Allergies	
Medical- eg: Asthma/diabetes	
	<b>Parent/Carer Information</b>
Name	
Phone	
Email	
	<b>Emergency Contact Information</b>
Name	
Relationship to Student	
Phone	
Previous/Current Sports Played	
Right or Left Handed	
Preferred Day	Tuesday or Wednesday

**Office use only**

Amount Paid	\$	Date
Paid by	Name	
Payment Method		
Payment Program	\$	PW