



Redcliffe Golf Club Inc

“GMAQ Club of the Year 2014”

HANDSWORTH STREET, CLONTARF QLD 4019
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SUB JUNIOR MEMBERSHIP 2017 APPLICATION FORM

CHILD NAME IN FULL _____
(Surname) (Christian Names)

ADDRESS _____
(Street) (Suburb) (Post Code)

DATE OF BIRTH _____ PHONE NUMBER _____

EMAIL ADDRESS _____

SCHOOL _____ RIGHT HANDED / LEFT HANDED _____

\$25.00 Membership Tick Box

I agree to abide by the Rules of the Club and all conditions of Membership

\$25.00 Shirt

Size: _____
Kids Sizes 4, 6, 8, 10, 12, 14, 16 Adults S, M, L, XL, XXL

TOTAL COST: _____

PARENT/GUARDIAN CONSENT – *I agree for my child to become a Sub-Junior member of the Redcliffe Golf Club.*

NAME _____ RELATIONSHIP TO CHILD _____

SIGNATURE _____ EMERGENCY CONTACT NO _____

PARENT/GUARDIAN CONSENT – PRIVACY AGREEMENT –

*Please tick this box if you **DO NOT** wish photographic images be taken of your child and reproduced on Redcliffe Golf Club's websites, newsletters and or newspaper articles.*

OFFICE USE ONLY

RECEIPT NO: _____ DATE PAID: _____