

# GOLF NORTHLAND JUNIOR ACADEMY 2016 APPLICATION FORM

## Personal Details:

PLAYERS NAME:		DATE OF BIRTH:	
HOME CLUB:		CLUB ID NUMBER:	
CURRENT HANDICAP:		SCHOOL:	
PARENTS NAMES:			

## Contact Details:

POSTAL ADDRESS:		HOME PHONE:	
		MOBILE PHONE:	
		EMAIL:	

**Please provide a brief outline of your playing history, why you want to be part of the Golf Northland Academy and your goals for the future (both golf related and outside):**

Academy Conditions

### I understand that:

1. I am required to pay an Academy Membership Fee of \$50 to Golf Northland before the beginning of the Academy programme.
2. I am required to sign and adhere to the Golf Northland Players Code of Conduct at all times.

Players Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION FORM AND CODE OF CONDUCT TO THE GOLF  
DEVELOPMENT MANAGER NO LATER THAN 5PM FRIDAY 24 JUNE:**

Email: admin@golfnorthland.co.nz

Fax: 09 4379639

Post: PO Box 8086, Kensington, Whangarei (0145)