

DIDSBURY GOLF CLUB

2024 Junior Membership Form (Ages 6-17)

Parent or Guardian: * _____

Home Phone: * _____ Cell: _____

Email: * _____

* **Required**

LESSONS

NAME	AHC NUMBER	YES or NO	AGE	BIRTHDATE
Jr Email: _____				
Jr Email: _____				

TOTAL JUNIORS		X \$70.00 =	\$
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YES - I will generously donate to the Jr Golf Summer Program

	\$5		\$10		\$20		Other		No thanks
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Allergies (food or environmental), medical concerns for any of the Juniors listed above:

Under the *Freedom of Information and Protection of Privacy Act*, Didsbury Golf Club requires consent to use a member's information in local and online media such as Facebook, website, etc.

Please complete the information below to indicate your choice for your child(ren):

- Yes, as the parent or guardian of the member named above, I give my consent to the publication of his/her name, image or comments to be used for these purposes.
- No, as the parent or guardian of the member named above, I do not give my consent for the publication of his/her name, image or comments to be used for these purposes.

Print Parent / Legal Guardian's Name: _____

Date: _____ Signature: _____

Membership Includes:

- Group lessons - Thursday Mornings - July 4, 11, 18, 25, Aug 1, 15
- Members responsible to book time for lessons and tee times. **Please call the Pro Shop**
- Wind Up - Thursday, August 22 - a fun day of golf with meal and prizes

Visa: _____ MasterCard: _____ Debit: _____ Cheque # _____ Cash: _____

Staff Signature: _____ Date: _____ **POSTED-AJE #** _____