



ADAM SCOTT JUNIOR DEVELOPMENT PROGRAM EXPRESSION OF INTEREST - Bronze, Silver and Gold

NAME:					
ADRESSS:					
SUBURB:		STATE:		PCODE:	
EMAIL:					
DOB:					
ANY MEDICAL CONDITIONS:					
SPECIAL DIETARY REQUIREMENTS:					

(NON-MEMBER) Introduced by MEMBERS NAME:	
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Father's Name:			
Father Mobile:		PH (OTHER):	
Mother's Name:			
Mother's Mobile		PH (OTHER)	
EMERGENCY CONTACT IF DIFFERENT FROM ABOVE:			
RELATIONSHIP:		MOBILE:	

Photography / Video Permission:			
I agree to my child:			
being photographed or filmed on video camera for coaching and publicity purposes associated with junior golf at Royal Queensland Golf Club			
Name of Parent:			
Signature of Parent:		Date:	