BLOMIDON
GOLF CLUB

2016 Junior Application Form

Membership Category Circle one

Age 10-16 years

Child- of a member	$290	Parents Name.....
2nd Child – of a member	$230	
Child – of a non-member	$375	Email.....
2nd Child – of a non-member	$290	

Age – 5-9 Years

Group 1 (1.30 - 2.30pm) ___
Group 2 (2.30 - 3.30pm) ___

Future Links $210

Credit Card Number Expiry

Child's Name_____
Address_____
_____
Phone # _____ Work_____
Date of Birth_____
Age_____MCP#_____
Special Instructions (i.e. allergies, special needs_____

We (I) **HEREBY RELEASE AND FOREVER DISCHARGE** the Blomidon Golf Club of and from all claims, demands, damages, action or cause of action arising or to arise by reason of physical injury to (us) me or our (my) child _____ caused to me or him/her while participating in the Golf Program at Blomidon Golf Club.

YES, I AGREE WITH THE ABOVE WAIVER

Parent/Guardian's Signature_____

Wayne Allen – PGA Golf Professional: 639 3741 or wayne@wagolfacademy.com
Brenda Regular - 634 2523 blomidongolfclub@bellaliant.com

Fax: 634-7450 P. O. Box 1051, Corner Brook, NL A2H 6J3