



Horsforth Golf Club Ltd.

Layton Rise, Horsforth, Leeds LS18 5EX
01132586819

Application for Junior Membership

Please complete as fully as possible in BLOCK CAPITAL in black ink.

TITLE	SURNAME	FORENAME(S)
ADDRESS		
TELE NUMBERS: HOME MOBILE E-MAIL		
DATE OF BIRTH		
SCHOOL/COLLEGE/ UNIVERSITY/ OCCUPATION		
REASON FOR WISHING TO JOIN HORSFORTH GOLF CLUB.		
LIST ANY MEMBER KNOWN TO YOU PERSONALLY OR RELATED		
CATEGORY OF MEMBERSHIP REQUESTED :- Please Delete as Appropriate		
UNDER 10 (Please be aware that a parent must also be a member of the Club) 10 TO 15 YEARS 15 TO 17 YEARS		
PARENT/GUARDIAN RESPONSIBILITY (if under 18years)		
I agree to be held responsible for the conduct and behaviour of the applicant both in the Clubhouse and on the Course Signed.....Dated.....		
HOW LONG HAVE YOU PLAYED GOLF?		
CURRENT OR PREVIOUS CLUB		
CURRENT HANDICAP		
Certificate attached YES / NO		
ARE YOU FULLY AWARE OF THE RULES OF GOLF AND COURSE ETIQUETTE?		
YES / NO		
IF A BEGINNER, HAVE YOU HAVE RECEIVED INSTRUCTION FROM OUR PROFESSIONALS?		
YES / NO		
Have you attended group lessons at Horsforth Golf Club? YES / NO		
CONFIRMED NUMBER OF LESSONS Club professional to sign		
Number of lessons Signed		
DO YOU PARTICIPATE IN ANY OTHER SPORTS?		

To the best of my knowledge and belief the completed information is correct. I agree, if elected, to be bound by the Memorandum and Articles of Horsforth Golf Club and the Bye Laws thereof from time to time in force.

Signature.....Date.....

Acceptance of this Application does not commit the Golf Club to offering Membership of any kind.