



BALTINGLASS GOLF CLUB



Tel. 059 6481350

Email: enquiries@baltinglassgolfclub.ie

Web: www.baltinglassgolfclub.ie

Juvenile Membership Application Form

I wish to apply for Membership of Baltinglass Golf Club. (Complete all the relevant sections)

Applicant's Name (**Block Capitals**)

Address (**Block Capitals**)

.....

*Date of Birth..... *Mobile No.....(if 16 yrs. & over)

Have you previously been a member of a Golf Club? Yes No (**Tick one please**)

If yes, please name your previous club.....Lowest ever handicap.....

Parent/Guardian Name..... Mobile No.....

Email Address.....

It is the Club policy is to encourage each new Juvenile member to participate in the Juvenile activities of the Club and to enjoy their golf and play fairly at all times. Parents are requested to assist their child to become familiar with the rules of golf and club bye-laws which include having respect for team members and opponents. It is expected young golfers will learn to be gracious even when things go wrong and learn to be courteous in victory and defeat.

On becoming a member of Baltinglass Golf Club, the signatures below are taken as a confirmation that you will observe fully the Rules of Golf and the Club's regulations and policies, including bye-laws, matters of etiquette, dress code and any disciplinary procedures that may arise.

I agree to this application form being stored as a hard/digital copy by Baltinglass Golf Club.

Election as a member is subject to formal committee approval as per Baltinglass Golf Club rules.

I have read and understand the details outlined in this application form.

Applicant's Signature..... Date.....

Parent's Signature..... Date.....

See Parent Consent Form attached

The Proposer and Seconder must be an adult member of Baltinglass Golf Club.

Proposer's Name Date

Address.....

Seconder's Name..... Date

Address.....

***Certification of the applicant's date of birth may be required as age verification for interclub matches.**

