



ENROLMENT FORM (JUNIOR)

Student Details

Program _____

Instructor _____

Name : _____

Mobile No. : _____

E-mail : _____

Date of Birth : ____/____/____ Gender : _____

Address : _____

School : _____

Playing Golf Since : _____ Golf Handicap : _____

Medical (if any) : _____

Parent's Details

Father's Name : _____

Father's E-mail : _____

Father's Mobile : _____

Father's Company Name : _____

Designation : _____

Is your Father a Golfer? _____

Mother's Name : _____

Mother's E-mail : _____

Mother's Mobile : _____

Mother's Company Name : _____

Designation : _____

Is your Mother a Golfer? _____

Golf Equipment

Driver : _____

Fairway 1 _____ Fairway 2 _____

Hybrid 1 _____ Hybrid 2 _____ Hybrid 3 _____

Irons : _____

Wedge 1 _____ Wedge 2 _____ Wedge 3 _____

Putter : _____

Ball of Choice : _____

Other : _____

Date : ____/____/____

Signature _____