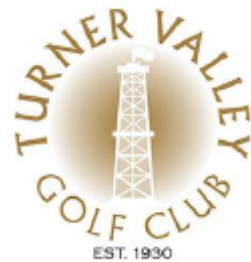


Turner Valley Golf Club

Junior Membership (Under 18)

Application Form



Junior Member Information

Junior's Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (H) _____ Phone #: (M) _____

Email _____

Birth Date _____

Parent / Guardian Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone # :(H) _____ Phone #: (M) _____

Email _____

Could you please provide an emergency contact number in the event the above Parent / Guardian is not available?

Emergency Contact _____

Phone # :(H) _____ Alt Phone: _____

☐

I give the Turner Valley Golf Club permission to use my personal information for use in their club roster.

☐

I consent to the use of this email address for the general communications from the Turner Valley Golf Club.

I hereby submit application for a junior membership at the **Turner Valley Golf Club**. If selected to membership, I agree to abide by all of the policies and rules and regulations of the Club as outlined in the junior members handbook

Applicant Name: _____

Date: _____