



FAMILY MEMBERSHIP / JUNIOR'S REGISTRATION

Parent / Grandparent with full membership of Filey Golf Club

Name: Tel No:

Address:

Post Code: Email:

Name of Junior: DOB:

Home address: (if different from above)

Post Code: Tel No; Mobile No:

Email:

School:

Member of: 18 hole course 9 hole course please tick if applicable

Handicap:

2nd Person who can be contacted locally if necessary

Relationship to child:

Home Tel No: Mobile No: Work Tel No:

Does your child have any medical conditions that we should be aware of?

Would you be willing to help with junior activities?

Signature Parent / Guardian: Date:

PLEASE CONTACT THE GOLF CLUB SECRETARY IF THERE ARE ANY CHANGES TO THE
ABOVE INFORMATION ASAP ON 01723 513293