Rockhampton Junior Golf Club Registration Form

Please complete and return

Personal Details	
Childs Name:	
Address:	
DOB:	Gender
Phone:	Email:
Hole Division: 3 Hole 0	6 Hole
Handicap (if known):	
Golf Link number (18 Holers only):	
Parent Name(s):	
Signature:	Date:
Photos and Promotional Material	
Do you have any objections to your child's photo being published in either our newsletter or on social media (Facebook)? (Please note this is a restricted page and only open to approved members)	
open to approved members)	
open to approved members) I don't want my child's photo	
<u> </u>	to be published.
☐ I don't want my child's photo	to be published.
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☐ I don't want my child's photo ☐ I give permission to have my	to be published. child's photo published. Office Use Only Yes No Date:
☐ I don't want my child's photo ☐ I give permission to have my Junior Club Payment Received:	to be published. child's photo published. Office Use Only Yes No Date:
☐ I don't want my child's photo ☐ I give permission to have my Junior Club Payment Received: Payment Received and Receipted	oto be published. child's photo published. Office Use Only Yes No Date: by: Yes No