



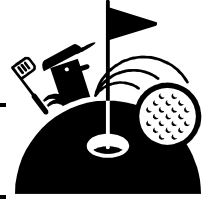
# Registration Form



Chosen Clinic dates:



Last Name: \_\_\_\_\_



First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



Address: \_\_\_\_\_



Contact Number: \_\_\_\_\_



Parents Name: \_\_\_\_\_

Should we be aware of any medical conditions?



Allergic to Penicillin? *\*Please circle the correct answer*



Yes or No

Cost: *\*Please tick which category the child falls in*

Free for a Member

\$60.00 (Non-Members)

*plus compulsory MyGolf enrolment fee of \$33.00 per child*

Email: \_\_\_\_\_



## Payment Options



By Cash/ Cheque to 'Oxley Golf Club Inc.'

By Electronic Funds Transfer

- BSB: 124 001

- Account Number: 1053 7177

- Quote: "Junior Clinic"

By Credit Card

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Please send completed Registration Form for the Junior Clinic to:

Oxley Golf Club Inc.

290 Boundary Rd

Oxley QLD 4075