



Brisbane and District Ladies Golf Association

ABN: 87 890 552 772

PO Box 74 New Farm QLD 4005

Website: www.bdlga.com.au

Email: secretary@bdlga.com.au

PLAYER ACCEPTANCE FORM

JUNIOR JUG

FULL NAME:

DATE OF BIRTH:

HOME CLUB:

GOLFLINK NUMBER:

POSTAL ADDRESS:

TOWN/SUBURB: POSTCODE:

HOME PHONE: MOBILE:

EMAIL ADDRESS:

Are you an Australian citizen or have you proof of lodgment for Application?

[Please provide proof of lodgment with your nomination form – **if relevant**]

Shirt size:

IMPORTANT INFORMATION RELEVANT TO JUNIORS:

1. Please advise of any medical information relevant to your child about which the Team Manager should be aware.	
2. Please advise of any dietary requirements specific to your child.	

By signing this form, **you agree to accept your selection** in the Junior Jug Team to represent BDLGA.

Player's Signature:

Print Name: Date:

Parent/Guardian's Signature:

Print Name: Date: