

# Registration Form

## The Waahi Taakaro Junior Golf Programme

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age \_\_\_\_\_

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

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Telephone \_\_\_\_\_

MOB. \_\_\_\_\_

Parents Names: \_\_\_\_\_

\_\_\_\_\_

Parents contact numbers (if different) \_\_\_\_\_

*Are you interested in playing in competitions? Yes/No*

*Are your parents able to help if needed? Yes/No*

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

Parent's signature: \_\_\_\_\_