



Taupo Golf Club / Parent Contract

2007 Junior Golf

Name of Child: _____

Birth Date: _____ / _____ / _____ Boy / Girl

Name of Parent / Caregiver: _____

CONTACT DETAILS

Phone: _____ Mobile _____

Address _____

_____ Email: _____

AGREEMENT

- The Club undertakes to offer a one hour weekly coaching session suitable to club requirements.
- **The Parent / Caregiver is strongly encouraged to be present at all coaching sessions.**
- Taupo Golf Club will be able to provide golf equipment if necessary for the sessions.
- From time to time, your child's photo may appear on the club website or other print media.

Signed: _____ Date: ____ / ____ / ____ Taupo Golf Club

Signed: _____ Date ____ / ____ / ____ Parent / Caregiver

If any parent or adults wish to volunteer his or her time to support junior golf could you please contact Grant Hill Golf Manager 3786933 ex 3

Office use only

Level: 1	2	3	Club Colour:	Paid:
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