



TOUR MEMBERSHIP REGISTRATION FORM

First Name : _____ Surname: _____

Date of Birth: Date _____ Month _____ Year _____

Gender (tick applicable): Boy _____ Girl _____

Shirt Size(circle applicable): XS S M L XL XXL

Handicap : _____

Home Club: _____

Average Score : 9 holes _____ 18 holes _____

Have you had golf lessons? _____ If so with whom? : _____

Have you played in golf tournaments? Y _____ N _____

Current School : _____ Class/Section: _____

Parent' s Names: _____

Parent' s mobile # : _____

Your mobile # : _____ Your Email: _____

Parent' s email: _____

Address : _____

Please provide the below documents with the completed form in order for your membership to be processed. This can be emailed back to us at pgmjuniorgolftour@gmail.com or mail to our tournament office at :- C-5A,Ansal Villas, Satbari. Chattarpur. New Delhi 110074..

o: 011-26652853/4 | m: 98-105-25513

1. Copy of Birth Certificate
2. Passport Size Photo
3. Student ID card if available
4. Full name as you would like it to appear on your membership card
5. Membership fee of Rs: 2000 in favor of “ Pro Golf Marketing Private Limited”.
- 6 Completed form

NOTE: Membership will be confirmed once draft/cheques are realized.