



**Rosslare Golf Club
Academy Membership Application Form**

YEAR 1 _____

YEAR 2 _____

CHILD'S NAME: _____

MALE/FEMALE _____

DATE OF BIRTH _____

HOME ADDRESS:

POSTCODE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN TEL/MOBILE NO: _____

PARENT/GUARDIAN EMAIL ADDRESS _____

FAMILY CONNECTION (IF ANY) TO ROSSLARE GOLF CLUB:

**PARENT/GUARDIAN
SIGNATURE:** _____

DATE: _____

OFFICE USE ONLY

Date fee received _____ Date on System _____ Rosslare GUI/ILGU No. _____