



KGA JUNIOR DEVELOPMENT PROGRAM

WITH TARUN SARDESAI GOLF

REGISTRATION FORM

DETAILS OF JUNIOR

Name: _____

Gender: M___ F___

Birth date: _____ Phone Number: _____

Membership number: IND_____, STU_____, LTA_____, STA_____

COM_____

Cell phone: (if applicable) _____

Address: _____

School: _____

Email Address of Junior: _____

Have you been a member of a Junior Golf Program before? Y__ N__





If yes, where? _____

Do you have a golf handicap? Y__ N__ N/A __

If yes, what is it? If no, what is your average score for 18 holes? _____

Have you been part of any other club, teams, or associations? Y__ N__ N/A__

If yes, which ones? _____

Medical history if any Y__ N__

If yes: what kind? _____

DETAILS OF PARENTS

Parents Name: _____

Membership number: IND _____, STU _____, LTA _____, STA _____

COM _____

Parents Phone Number: _____

Email Address: _____

Emergency Contact: _____



Emergency Number: _____