



**BGC JUNIOR DEVELOPMENT PROGRAM**  
**IN ASSOCIATION WITH TARUN SARDESAI GOLF**  
**REGISTRATION FORM**

*DETAILS OF JUNIOR*

Name: \_\_\_\_\_

Gender: M\_\_\_ F\_\_\_

Birth date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

Parents Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Number: \_\_\_\_\_