



FoxStars Junior Golf Programme

10 Week Term

Junior Information

First name: _____ Surname: _____

Date of birth: _____ Sex: Male / Female

Level: _____ Start date: _____ Payment: £120 / £160

Emergency Contact

First name: _____ Surname: _____

Date of birth: _____ Relationship: _____

Telephone: _____ Email: _____

Address: _____

How did you hear about us? Internet / Word of mouth / Magazine

Other (please specify): _____

I **do / do not** want to receive news and special offers via email.

I **do / do not** give permission for photos and news about my child to be used for marketing purposes.

Parent/Guardian signature: _____ Date: _____

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