Kingsville Golf & Country Club

Junior Membership Application

(AGE UP TO 18 YEARS AS OF MARCH 31ST)

PLEASE PROVIDE PROOF OF AGE WITH APPLICATION)

Family Name	First Name	Date of Birth
HOME ADDRESS:		
Street	City	Postal Code
Home Phone #	Cell Phone #	Email Address
PRIOR CLUB AFFILIATION		
ARE YOU A 9 HOLE OR 18	HOLE PLAYER?	
DO YOU HAVE AN ESTABLI	SHED HANDICAP OR AVE	RAGE SCORE?
HAVE YOU ATTENDED ANY MORNINGS? IF SO, FOR H		ON MONDAY
HAVE YOU PLAYED IN OUR	R JUNIOR INVITATIONAL	IN THE PAST?
HAVE YOU PLAYED ON THE	E JAMIESON TOUR?	
WHAT DAYS AND TIMES D	O YOU USUALLY PLAY? _	
Membership Type (Pleas	se check box):	
Child or Grandchild of Mem	ber	
Age 12 and Under (\$62.15)	Age 13-	-18 (\$280.52)
Junior Membership- No Rel	ation (\$498.90)	

JUNIOR MEMBERSHIP INCLUDES THE FOLLOWING:

- \$100 RANGE CREDIT
- TWO 18 HOLE (OR FOUR 9 HOLE) GUEST PASSES
- WEEKLY JUNIOR LEAGUE (JULY AND AUGUST)
- CLOSING PIZZA PARTY

OTHER FUN JUNIOR EVENTS:

- JUNIOR INVITATIONAL
- JUNIOR CLUB CHAMPIONSHIP AND BANQUET
- ADULT/CHILD SCRAMBLE
- KINGSVILLE GOLF INTERCLUB TEAM

Note: Electric Carts may not be rented by Juniors – No exception. Juniors may be a passenger only, if accompanied by an adult (19 years old).

This application must be completed in full, otherwise membership will be delayed.

Kingsville Golf and Country Club reserves the right to reject an applicant or suspend a member if, in the opinion of the Board of Directors, the conduct of such applicant or member is not in keeping with the standards set by the Corporation.

This application is subject to review by the Membership Committee and final approval by the Board of Directors.

Date completed by the Applicant:		
Applicant's signature:		
I acknowledge receipt of the Members	ship Services Booklet.	

Kingsville Golf & Country Club 640 County Road 20 Kingsville, ON N9Y 2E6

Attention: Chairman, Membership Committee

Tel: (519) 733-6561 ext. 110 Email: office@kingsvillegolf.com

Fax: (519) 733-6052

