



JUNIOR GOLFER APPROVAL FORM

Applicant			
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Membership No:		Application Attached	<input type="checkbox"/>
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My Golf Skills Assessment

Current MyGolf Skill Level

Poor	<input type="checkbox"/>	Improving	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
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Name	Name
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Sign	Sign
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Date	Date
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MyGolf Coach	MyGolf Coach
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Course Professional Skills Assessment

Poor	<input type="checkbox"/>	Improving	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
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Name	Name
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Sign	Sign
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Date	Date
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Course Professional

On Course Assessment (Blue Tees or Red Tees)

General Play	Poor	<input type="checkbox"/>	Improving	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
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Speed of Play	Poor	<input type="checkbox"/>	Improving	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
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Knowledge of Rules	Poor	<input type="checkbox"/>	Improving	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
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Etiquette	Poor	<input type="checkbox"/>	Improving	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Good	<input type="checkbox"/>	Very Good	<input type="checkbox"/>
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Name	Name
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Sign	Sign
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Date	Date
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Junior Sub Committee Member #1	Junior Sub Committee Member #2
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The Junior Sub Committee makes this recommendation to the Match Committee after the above consideration. Please consider the applicant for Sunday Senior Competitions.

Name	Name
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Sign	Sign
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Date	Date
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Junior Golf Coordinator	Junior Sub Committee Member
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Match Committee Only

The Match Committee of the Goldfields Golf Club **Accepts** **Declines** the applicant into Sunday Senior Competitions.

Name	Name
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Sign	Sign
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Date	Date
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Captain	Vice Captain
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