

## Proposer/Seconder Guidelines

- ◆ Proposer/seconder to familiarize themselves with juvenile/junior section handbook.
- ◆ Accompany juvenile/junior to induction meeting.
- ◆ Play 3 nine hole rounds with proposed new entrant and return signed score-cards to Pro shop. [No handicap will be assigned until score-cards are returned].
- ◆ Handicap required to play in summer juvenile/junior competitions.
- ◆ It is essential that the proposer/seconder encourages and monitors the juvenile/junior's progress, particularly in the 1st year.
- ◆ Impress on juvenile/junior the necessity for accurate recording and signing of score-cards.

**Completed Application Forms should  
be forwarded to  
The Junior Convenor  
at**

## **SKERRIES GOLF CLUB**

**Hacketstown,  
Skerries,  
Co. Dublin.**

**Phone : 01-849 1567 ext 4  
Fax No: 01-849 1591**

**Website: [www.skerriesgolfclub.ie](http://www.skerriesgolfclub.ie)  
Email: [admin@skerriesgolfclub.ie](mailto:admin@skerriesgolfclub.ie)**

# SKERRIES GOLF CLUB



## **JUNIOR SECTION APPLICATION FORM**

**Hacketstown, Skerries,  
Co. Dublin**

**01-849 1567 ext. 4**



# SKERRIES GOLF CLUB JUNIOR SECTION APPLICATION

Please use block capitals except for signatures

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*PLEASE ATTACH A COPY OF YOUR BIRTH CERT*

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

### IMPORTANT:

*Skerries Golf Club should be advised of all medical/behavioural details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special needs, etc.*

*Declaration:* I wish to apply for Junior Section Membership of Skerries Golf Club. If accepted I agree to abide by the Rules of the Club

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent / Guardian Details :

Name \_\_\_\_\_

Address [if different from above] \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Proposed By: \_\_\_\_\_ I have known the applicant for \_\_\_\_\_ years.

BLOCK CAPITALS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Seconded By: \_\_\_\_\_ I have known the applicant for \_\_\_\_\_ years.  
BLOCK CAPITALS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Is Applicant related to a Club Member - State Yes or No and give details if YES: \_\_\_\_\_

For official use

Received	Ackn	Interviewed	Accepted	Notified	Sub. paid	Registered	Reg. Number & Year