

Young Masters Golf Enrolment Procedure

<p>> Please fill in the registration form below correctly and completely.</p>	
<p>> Due to the popularity of the programme and limited space on each course, proof of payment is to be accompanied with the registration form and returned to us via fax or e-mail. No registration will be processed without the required payment.</p>	
<p>> Every participant receives a course folder & personalised worksheets for the relevant level. In order to receive your personalised materials on time, <u>registration form and payment must be received by TGSE at least 10 days prior to the starting date.</u></p>	
<p>> Please make payment of R900.00 (VAT incl.) per participant into the following bank account:</p> <p>Bank: Standard Bank Acc name: Balderstone Golf (Pty) Ltd Acc no: 422 068 187 Branch: Rivonia Branch Branch code: 00-12-55</p>	
<p>> Please quote YMG - participant's initial.surname as payment reference: Example: YMG - T.Woods</p>	
<p>> You will receive confirmation of registration and the relevant programme starting date via a text message or e-mail.</p>	
<p>> This registration form along with proof of payment are to be e-mailed or faxed to the addresses below:</p>	
<p>Fax: 0865 031 802 E-mail: info@tgse-golf.com</p>	<p>Visit TGSE website for more information: www.tgse-golf.com</p>

Young Masters Golf Registration form

1. YMG PARTICIPANT'S DETAILS (Please ensure you correctly fill in all details on the space in the form)

Surname		First Name	
Please specify how you would like participant's name to appear on all YMG materials / certificates			
Age		Gender	
Date of Birth		DD / MM / YYYY	
Postal address			
Does participant have own golf clubs? Please tick		Yes	No
School attending		Grade	
Previous golf experience			
Anything we should know such as allergies, injuries etc?			
If yes, please specify:			
How did you hear about YMG golf? <small>(Mark with " V " next to the relevant choice)</small>		<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Referral
		<input type="checkbox"/> School	<input type="checkbox"/> Advert
		<input type="checkbox"/> Website	<input type="checkbox"/> Other
Elaborate on your choice selected, e.g Which advert?			

2. CONTACT PARENT'S DETAILS (Please ensure you correctly fill in all details on the space in the form)

Surname		First Name	
Telephone No	Cell:	Fax:	
Home:		Work:	
E-mail address			

3. STARTING DATE REQUESTED

Day		Date	DD / MM / YYYY	Time	
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Thank you for the information. We look forward to sharing a fun, learning golf experience with your child very soon.