

Venue Preference:
 ___Tumon Driving Range
 ___GICC



2019-2020 MEMBERSHIP APPLICATION FORM

Venues: Tumon Driving Range, GICC, and Starts Practice Times M-F 4:00pm to 5:45pm

NAME: _____ DATE of BIRTH: _____ AGE: _____
 GENDER: _____ MALE _____ FEMALE _____
 PARENT'S NAME: _____
 PARENT'S PHONE #: _____ E-MAIL ADDRESS: _____

Membership Fees
August to December, January to May, Monthly, fee due on the 1st of each month
August to December Fall Session 5 Months (\$50 discount applied)
January to May Spring Session 5 months (\$50 discount applied)
August to May, Annual, 10 months (\$100 discount applied)

Code	All Levels (3x a week)
a	\$ 125
b	\$ 575
c	\$ 575
d	\$ 1,150

Waiver of Liability

I, the parent/guardian, accepting my own responsibility, hereby release the Host Facilities for practices, tournaments and events, the Guam Junior Golf League, its officers, directors, employees, agents, sponsors, and principals from any and all liability for any event or consequence whatsoever in any way arising out of or relating to participation in this program. In case of emergency during participation, I, the parent/guardian, authorize a qualified medical doctor to take all necessary measures in the treatment of the above mentioned participant. **I, the parent/guardian, also understand that there are no refunds.** I, the parent/guardian, further agree that all photos taken by Guam Junior Golf League or any of its representatives of myself may be used in any or all brochures, announcements, or publicity releases.

 Signature of parent/legal guardian

 Print Name/Date

Note: Parent may also be required to sign a separate waiver of liability for the different venues.

For more information, email guamjuniorgolf671@gmail.com or contact Coach Mel Davis at 472-1611 or Coach Rich Paulino at 687-0478.

-----FOR OFFICIAL USE ONLY-----

Membership Code(s): _____
 Payment Received: _____
 Date Received: _____

	Cash
	Check #