

APHRODITE HILLS JUNIOR ACADEMY MEMBERSHIP APPLICATION FORM 2013/14

Aphrodite Hills Golf invites you to become a golf member of Aphrodite Hills Academy.

Please complete and return this in order for us to finalize your application.

PERSONAL DETAILS

Name _____ Date of birth _____
Max age: under 18 years from 1st Jan each year

Guardian Name 1. _____ Relationship _____

Guardian Name 2. _____ Relationship _____

Address _____

Town _____

Contact Telephone _____ Mobile _____

Email _____ Signed by Guardian

Medical History _____

Cyprus Golf Federation Number _____

Please send your application to:

E-Mail: golfacademy@aphroditehills.com

For more information call Danny or Giles: 26 828219

Internal Use only:

The foregoing application is approved and accepted by _____

Title _____ Date _____

Hereby we declare that Mr/Mrs _____ paid the amount of _____