

# JUNIOR



BAIRNSDALE  
GOLF CLUB

## PRO-AM **HEY KIDS!**

**DO YOU WANT TO PLAY GOLF WITH A PROFESSIONAL?  
TEAM UP WITH A PGA PROFESSIONAL AND LEARN  
FROM THE BEST!**



**Saturday  
December 9<sup>th</sup>  
3:30pm  
arrival**

**BBQ LUNCH  
BEFORE**



**FREE  
ENTRY**

**AGES 6+**

**BAIRNSDALE GOLF CLUB. 1090 PAYNESVILLE RD EAGLE  
POINT, VIC. [www.bairnsdalegolf.com.au](http://www.bairnsdalegolf.com.au) / 03 5156 6252  
Event Organiser: Jeff Graham 0402 133 627**

# Bairnsdale Golf Club JUNIOR PRO-AM

## FAQ's

Q. What standard of golf is required for participation?

A. Although we welcome all standards, this isn't an event for children that haven't played golf at all. Below are the general minimum standards, if you are unsure, please contact our tournament organiser prior to the event.

Participant standard.

- Needs to have previously played golf on the course at least 4 occasions.
- Needs to have proven they can walk at least 6 holes of golf.
- A basic understanding of the rules such as whose turn and when to stay quite is preferable.

Q. Does the participant need their own equipment?

A. No, Bairnsdale Golf Club has limited equipment to loan, please reserve a set when you enter

## Please print clearly and complete all sections:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Parent's mobile 1: \_\_\_\_\_ Parent's mobile 2: \_\_\_\_\_

Parents Email Addresses: \_\_\_\_\_

Golf Club (if any): \_\_\_\_\_ Golflink Number (if any): \_\_\_\_\_

Does the participant have any special needs or requirements including food allergies? Please detail if applicable:

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I give my consent to Bairnsdale Golf Club to use my child's name and image (including photography) in any form or medium for general marketing and promotional activities.

Yes / No (please circle)

I understand that the personal information collected on this form is used for the purpose of processing my request for participation by Bairnsdale Golf Club Inc.

Yes / No (please circle).

I hereby authorise Bairnsdale Golf Club Inc. or its nominated representative to make such arrangements as deemed necessary by the attending medical practitioner In the event of emergency medical treatment being necessary in respect of my child.

Yes / No (please circle)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_