



# THE CHILDWALL GOLF CLUB LTD

## FAMILY ASSOCIATE REGISTRATION FORM

To the Council of Childwall Golf Club Ltd

Date.....

I being a *Full / midweek / 6 day* member wish to register .....

.....  
as a Family Associate. I understand that *he/she* must be accompanied by myself or the other adult family members of Childwall named below; when at the golf club..

Full name of applicant .....

Private address of applicant .....

Telephone Number .....

Date of Birth .....

School .....

Sports/Hobbies .....

The other adult club members who may accompany *him/her* are .....

Sponsors name (printed please) .....

Signature.....