

Junior Golf Membership

Applicant Infor	mation					
First Name				Last Name		
Street Number	eet Number Street Name			<u> </u>		Suite/Unit Number
City Prov			Province	nce		Postal Code
Telephone Number		Mobile Number			Email	
Emergency C	ontact	Information				
First Name				Last Name		
Relationship				1		
Telephone Numb	er	Mobile Number			Email	
 You must p If you lose You will ge 	oresent yo your men et details o	on how to book tee	ard every til re is a \$25 times whe	me you fee for e n you re	each repla	cement card issued ur membership card d for a regular adult green fee.
physical or materi agreed to become form and agree to	al probler a memb abide en will result	ns that may occur er. We (junior men tirely by these guid in immediate ter l	while on the mber and paddelines. We	e premi arent/gu e further	ise of any uardian) ha recognize	ronto responsible for any personal, of the five golf facilities of which I have ave read the membership regulations and agree that failure to comply with rivileges, without reimbursement, as
Signature of Applicant						Date (yyyy-mm-dd)
Signature of Parent/Guardian						Date (yyyy-mm-dd)
Name of Parent/G	Guardian ((please print)				
For Office Use	Only					
Membership Issued by: Membership Card Number:						

Notice of Collection

The personal information on this form is collected under the authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) & (c). The information collected is used to maintain an accurate list of the junior golf membership for the current golf season. Questions about this collection can be directed to Parks, Forestry and Recreation, Golf Course Supervisor, 4200 Yonge Street, Toronto, Ontario, M2P 1N9 or by phone at 416-392-2479.



