

STAFF INFORMATION FORM - PORTAGE GOLF CLUB

WORK TO PLAY JUNIOR INFORMATION

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ SIN: _____ - _____ - _____

PHONE #: HOME: _____ CELL: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ PHONE: _____

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ANY KNOWN HOLIDAYS OR EXTENDED PERIODS OF TIME OFF:

