

KINGSWOOD GOLF CLUB JUNIOR MEMBERSHIP APPLICATION

This membership is for those under the age of 21. You are entitled to play the course Monday through Thursday anytime and Friday-Sunday and holidays after 3:00 p.m. Students under the age of 14 MUST BE ACCOMPANIED by an adult. Tee times may be scheduled 3 days in advance by calling the Pro Shop at 603-569-3569.

High School Student Team Memberships require that the student must be accompanied by a coach and covers only team practices/competitions. Range Memberships are available only to Jr. Members. The Driving Range and Putting Green are available to the HS Team only during instruction.

Requirements:

- 1) Junior members must have Parent's permission to play, whether as a Junior Member or High School Student.
- 2) Junior members are expected to abide by all rules, regulations, and by-laws of Kingswood Golf Club, Inc.
- 3) Junior members are expected to follow the rules of golf and behave in a manner that is consistent with proper golf etiquette.
- 4) Junior members are expected to dress in appropriate golf attire; no jeans/denim of any kind is permitted on the course or practice facility. T-shirts, tank tops, flip flops, and cut-off shorts are not allowed.
- 5) The applicant may be required to attend a clinic on rules/etiquette with the one of the Golf Professionals on staff before acceptance.
- 6) Members must be 18 years old to use a golf cart. Valid Driver's License required.

Please complete the questions below accurately and completely. Return the application and proof of age (School ID, Birth Certificate, License, etc.), with a check made out to Kingswood Golf Club, Inc. Applications may be mailed to Kingswood Golf Club, Inc, PO Box 687, Wolfeboro, NH 03894. Any application that is partially completed or is not accompanied by a check for the full amount will be returned.

Please contact the Kingswood Golf Club office with any questions or concerns.

Email: admin@kingswoodgolfclub.com

Call: 603-569-3524

KINGSWOOD GOLF CLUB JUNIOR MEMBERSHIP APPLICATION

FULL NAME:		
BIRTH DATE:/		
MAILING ADDRESS:		
	Street	
Town	State	Zip Code
SCHOOL CURRENTLY ATTENDING:		
PARENT(S) NAME(S):		
EMAIL ADDRESS (Primary)		
PARENT TELEPHONE NO.	□ Ho	OME CELL
PLEASE CHECK TY	PE OF MEMBERSHIP	
JUNIOR MEMBERSHIP (\$430)	VARSITY MEMBER / (GOLF TEAM (\$160)
RANGE MEMBERSHIP (\$160)	DEVELOPMENTAL M	EMBER / GOLF TEAM (\$100)
By signing this application, I agree to abide Golf Club, Inc. I acknowledge that failure t inconsistent with proper etiquette, may re privileges.	o follow the rules of golf,	or behaving in a manner
Student Signature		//
Parent/Guardian Signati	ure	//