Foxhills Foundation 2010 Application Form

FULL NAME:	DOB:
ADDRESS:	
TELEPHONE:	MOBILE:
E-MAIL:	
SCHOOL NAME:	
CURRENT GOLF CLUB:	HANDICAP:
YEARS PLAYING GOLF:	
GOLFING ACHIEVEMENTS:	
SPORTING ACHIEVEMENTS:	
PREFERRED DATE OF TRIAL:	
TBC	
IN LESS THAN 60 WORDS FINISH OFF THE SENTENCE BELOW:	
I BELIEVE THAT I WOULD MAKE AN IDEALCANDIDATEFOR THE FOXHILLS GOLF FOUNDATION BECAUSE…….	
SIGNATURE:	PARENT/GUARDIAN:
DATE:	SIGNATURE:

PLEASE NOTE: Applications must be received by August 11th. After this date, successful applicants will be contacted inviting them to attends group trials. (Please note we cannot guarantee your preferred date for the trial.) After the trail, successful candidates will be contacted by post and a date will be arranged to come to Foxhills to sign the Foundation contracts.

OFFICE USE ONLY:	
Received on	Received by: