



MYGolf Centre Registration Form

Centre Name:

Address: Postcode:

ABN:.....Telephone:

Website:

Centre MYGolf Contact:

Email:

Position (Junior Coordinator, Club Professional etc):

Email:

Telephone:

..... (H) (W) (Mobile)

I certify that all personnel accredited with our program have been screened through our State/Territory Working with Children Check

Signed:.....

Print Name:

Position: Date:
(General Manager, Secretary, President, Captain etc)

To:
Golf Development Coordinator
Golf Australia
Level 3, 95 Coventry Street
South Melbourne Victoria 3205
Email: mygolf@golfaustralia.org.au
Fax: (03) 9626 5095

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