



Portsmouth
CITY COUNCIL

GREAT SALTERNS GOLF COURSE

SEASON TICKET APPLICATION FORM - **JUNIOR**

I wish to apply for a PORTSMOUTH CITY COUNCIL GOLF SEASON TICKET
For the Period from 01 April 2009 to 31 March 2010

Please tick all appropriate boxes

I wish to purchase the following Season Ticket:- (Please tick one box only)

Junior Maxi

Junior Off Peak

Purchasing a season ticket has automatically enrolled you in our Tiger Club. This will give you discounted group lessons, competitions, skill challenges, school holiday activities and much more. If you do not want to be in the Tiger Club please tick the box.

Title: Mr/Miss **Initial:** **Surname:**

Address:

..... **Postcode:**

Telephone:

Your E.Mail Address:

(Please provide e-mail address of parent or carer. As we are dealing with children & young people we prefer to correspond through parents or carers)

Date of Birth **School Attended**

Does your child have a medical condition that we should be aware of? YES/NO If yes please give details

.....

Do you consider you consider your child to have a disability? YES/NO If yes please give details

.....

I wish to pay the full amount/deposit of £ _____ by:-

Cheque

Mastercard

Visa/Delta

Switch

Instalments

Please complete Direct Debit mandate attached – see terms and conditions

I agree to the Terms & conditions of issue and if applicable to the specific terms for payments by instalment (Direct Debit)

We may arrange to photograph and/or film activities during the Tiger Club events. Images may be used to promote future courses and appear on future material within the Council and on Portsmouth Golf Centres website.

Signature (Parent/Carer).....

Date:

FOR OFFICE USE ONLY

Date issued: Issued by: Season No: