



**WALES GOLF BUGGY APPLICATION FORM**

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOWN/CITY	<input type="text"/>	COUNTY	<input type="text"/>
POSTCODE	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		
TEL NO	<input type="text"/>	MOBILE NO	<input type="text"/>
GOLF CLUB	<input type="text"/>		
EVENT	<input type="text"/>		

**VALID MEDICAL CERTIFICATE OF DISABILITY ENCLOSED**

YES	NO
-----	----

NB you are advised to ensure that you have appropriate insurance in place before using a buggy.

I confirm that I have read the Wales Golf Transportation Policy and agree to the terms and conditions contained in rule 4.1 of the policy.

Signed: ..... Date: .....  
Competitor

***If under 18 years countersigned by parent/guardian:***

Signed: ..... Date: .....

Print Name: .....

Wales Golf uses the above information and that provided in any documents supporting the buggy application only for the purpose of deciding whether the applicant may use a buggy under the conditions of the Wales Golf Transportation Policy. The information will not be shared with any third parties. If you would like any further information please write to Wales Golf, Catsash, Newport, South Wales NP18 1JQ

I confirm I am over the age of 16 and have read, understand and agree with the way my data will be used by Wales Golf. (If under the age of 16 a parent or guardian must sign this form on your behalf).

Signed: ..... Date: .....

Print Name: .....