Address ………………………………………………………………………………………………..........

…………**…………………………………**…………………………………………………………............

Postcode ……………………….. Phone Number……………………….. Date……………………......

Email Address (if any)………………………………………………………………………………...........

Previous Clubs (if any)……………………………………………………Handicap (if any)………..........

Date of Birth……………………..

\*Signature of Applicant…………………………………............



BRIDGE OF ALLAN GOLF CLUB

Sunnylaw, Bridge of Allan, Stirlingshire FK9 4LY

Telephone: 01786 832332

Website: www.bofagc.com

**APPLICATION FOR WINTER 2019/2020 VISITOR TICKET \*\***

**\*\* Special deal: for £60**

**Play from now till 30 March 2020.**

**Not eligible to play in official competitions.**

**If you decide to take up full membership in January - March, the £60 can be part payment of your 2020 subscription.**

Please say how you became aware of this deal ............................................................................

Please return this completed form, along with your payment, to the **Membership Secretary** at the Club, to the address at the top of this form. Cheques should be made payable to Bridge of Allan Golf Club. The Winter Visitor ticket will then be posted to you.

\* If the Application is from a Junior (under 18 years of age), then the parent/legal guardian must sign the form.

**Thank you**

Date ticket sent

Date received

For official use only :

Name in full (Block Capitals please)……………………………………………………………….............

