



Kibworth Golf Club
 Weir Road
 Kibworth
 Leicestershire
 LE8 0LP
 0116 279 2301

secretary@kibworthgolfclub.co.uk

Applicant Details

| | | |
|----------------------------------|------------------|---------------|
| Surname | | Title |
| Forename(s) | | |
| Address | | |
| | | |
| Post Code | Date Of Birth | |
| Home Phone | Mobile | |
| Email | | |
| Previous Club | Current Handicap | Best Handicap |
| How Did You Hear About Kibworth? | | |

Membership Category

| | | | | | |
|----------------------------|----------------------------|---------------|--------------------|---------------------------|---------------------|
| Full 7 Day | Weekday | 18 - 35 Years | Country & Overseas | Over 80 Years 7 Day | Over 80 Years 5 Day |
| Over 80 Years 9 Hole 7 Day | Over 80 Years 9 Hole 5 Day | Learn To Golf | Social | Junior (under 18 years) * | |

Declaration

| | | |
|---|------|--------------|
| Signature Of Applicant | | Date |
| I wish to apply for membership of Kibworth Golf Club and hereby agree at all times to conform to the rules as prescribed by the Articles and Bye Laws of the Club. I will be registered on the Club's website and provided with a password upon acceptance. | | |
| * Junior Applicant's Only Parent / Guardian Signature | | |
| I agree that my child may apply for membership of Kibworth Golf Club and will ensure that he understands and respects the Articles and Bye Laws of the Club at all times. | | |
| Emergency Contact Number | Name | Relationship |