



FULL NAME OF AF	PPLICANT:	
AGE:	DATE OF BIRTH:	
ID NUMBER:		
HANDICAP INDEX	:	
CURRENT GOLF CI	LUB:	
NAME OF PARENT	S / GUARDIANS :	
CONTACT DETA	ILS	
CELL :		
EMAIL:		

Please attach to this form

- (1) Latest school / home schooling report
- (2) Concise CV of 2023 / 2024 Golf achievements
- (3) Motivational letter (why he or she wants to become an ACADEMY57 member)

Please email before closing date, 31 October 2024, to: petrie@louis57.co.za







