



KELAB GOLF SARAWAK

JUNIOR TENNIS PROGRAMME

(Every Sunday from 9.00 a.m. to 10:30 a.m.)

Name : _____

Parent's Name : _____

Membership Number : _____

Date of Birth : _____

Age : _____

Home Address : _____

Contact Number(s) : _____ (Home)

_____ (Handphone if any)

I hereby agree to pay monthly Junior Coaching Fee of RM 25.00 to Kelab Golf Sarawak.

Parent's Signature : _____

Date : _____

For Office Use Only

Date Joined: _____ **Received by:** _____