

**NOMINATION FORM TO ATTEND LSE/MSE SAPSASA GOLF TRYOUT 2018**

CHILD'S NAME :

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DATE OF BIRTH:

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PARENTS' NAMES:

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SCHOOL:

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YEAR LEVEL:

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HOME PHONE:

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HOME EMAIL:

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PARENT'S MOBILE:

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PLAYING EXPERIENCE:

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CONSENT FOR PUBLICATION OF CHILD'S NAME: YES or NO

***I understand that I am required to help chaperone my child's group.***

SIGNATURE OF PARENT:

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*This form is to be faxed to Tony O'Connell on 87 372 877 or scanned and emailed to **tony.oconnell808@schools.sa.edu.au***