

Kingsville Golf & Country Club

2025 Junior Membership Application

(AGE UP TO 18 YEARS AS OF MARCH 31ST)

PLEASE PROVIDE PROOF OF AGE WITH APPLICATION)

Family Name

First Name

Date of Birth

HOME ADDRESS:

Street

City

Postal Code

Home Phone #

Cell Phone #

Email Address

PRIOR CLUB AFFILIATION _____

ARE YOU A 9 HOLE OR 18 HOLE PLAYER? _____

DO YOU HAVE AN ESTABLISHED HANDICAP OR AVERAGE SCORE? _____

HAVE YOU ATTENDED ANY JUNIOR GOLF CLINICS ON MONDAY MORNINGS? IF SO, FOR HOW MANY YEARS? _____

HAVE YOU PLAYED IN OUR JUNIOR INVITATIONAL IN THE PAST? _____

HAVE YOU PLAYED ON THE JAMIESON TOUR? _____

WHAT DAYS AND TIMES DO YOU USUALLY PLAY? _____

Membership Type (Please check box):

Child or Grandchild of Member

Age 12 and Under (\$140.12)

Age 13-18 (\$414.99)

Junior Membership- No Relation (\$689.87)

JUNIOR MEMBERSHIP INCLUDES THE FOLLOWING:

- RANGE CREDIT
- GUEST PASSES
- WEEKLY JUNIOR LEAGUE (JULY AND AUGUST)

OTHER FUN JUNIOR EVENTS:

- JUNIOR INVITATIONAL
- JUNIOR CLUB CHAMPIONSHIP AND BANQUET
- ADULT/CHILD SCRAMBLE
- KINGSVILLE GOLF INTERCLUB TEAM

Note: Electric Carts may not be rented by Juniors – No exception. Juniors may be a passenger only, if accompanied by an adult (19 years old).

This application must be completed in full, otherwise membership will be delayed.

Kingsville Golf and Country Club reserves the right to reject an applicant or suspend a member if, in the opinion of the Board of Directors, the conduct of such applicant or member is not in keeping with the standards set by the Corporation.

This application is subject to review by the Membership Committee and final approval by the Board of Directors.

Date completed by the Applicant: _____

Applicant's signature: _____

I acknowledge receipt of the Membership Services Booklet.

Kingsville Golf & Country Club

640 County Road 20

Kingsville, ON N9Y 2E6

Attention: Chairman, Membership Committee

Tel: (519) 733-6561 ext. 110

Email: office@kingsvillegolf.com

Fax: (519) 733-6052

