



AFFILIATION FORM

Full nameNationality.....

Street Address.....

City and Post Code.....Country.....

Email Ph:.....Fax

Golf Club.....Golf Handicap.....

Category	Leg Amputee	Arm Amputee	Les Autres
	Wheelchair	Visually Impaired	Hearing Impaired

Shirt Size.....

I, hereby confirm that the above details are correct, that I qualify to be affiliated to SADGA under the current medical classification as published on the SADGA website and that I have read and agree to abide by the Code of Conduct for tournaments also published on the website.

Signed..... Date.....

Additional Bibliographic Information.

Date of Birth..... Place of Birth.....

Occupation..... Marital Status.....

Spouse/Partner..... Children.....

New Golfer y/n

Please state favourite:-

Golf Course.....

Dream Fourball.....

Greatest Sports Personality.....

Holiday Destination.....

Other Interests.....

Please mail, fax or email this form to Zhaan Felix, SADGA, King David Mowbray GC, 1 Raapenberg Road, Mowbray , 7700 Tel 021 6852955 / fax 086 604 6888 Email zhaan@sadga.co.za