



FNQGA 2024 PENNANT OFFICIAL/PLAYER/CADDIE REGISTRATION FORM

Full Name _____

Contact Telephone _____ Date of Birth ____ / ____ / ____

Postal Address _____

City _____ Postcode _____

Email _____ @ _____

Home Club _____

Full Golf Link Number _____

Current Handicap _____ as at ____ / ____ / ____

This form must be completed and submitted to the FNQGA prior to the named player, official or caddie participating in any FNQGA Inter Club Pennant Match:

Fully completed forms need to be sent to: FNQ Golf Association
Email secretary@fnqgolf.com.au / match@fnqgolf.com.au

- I acknowledge that I have read FNQGA Pennant Conditions of Competition and accept the the "Player Code of Conduct".
- I confirm that I do not have any medical conditions or matters that the Hosting Clubs/FNQGA need to be aware of.
- I confirm I do not have any current Club/Association/Competition suspensions or restrictions.

Print Name _____ Date: ____ / ____ / ____

Signed _____

If you are a Junior Golfer (under 18 years of age) nominating, the consent of your parent(s) and or legal guardian is required.

Parent / Guardian Name _____ Contact Number _____

Parent / Guardian Signature _____ Date ____ / ____ / ____