



SARDIS GOLF ACADEMY APPLICATION 2018-19



PART 1

REGISTRATION

Student Name	Last:	First:	Student #:
(√) Grade	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Current School:	
(√) Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	
Date of Birth	Year:	Month:	Day: AGE:
Home phone number			
Cell phone number			
Student Email address	@		
Parent Email address	@		
Home Address			Postal:
Residing with			
Health Care Card #			
Family Doctor			Phone#:
Emergency Contact			Phone#:

SIGNATURES: By signing this document, parents:

- ✓ Give permission for their son/daughter to participate in the Sardis Golf Academy
- ✓ Submit a non-refundable \$200 application/administration fee with this Application Form
- ✓ Ensure that son/daughter has appropriate medical coverage
- ✓ Agree to pay the remaining fee of \$1800 (√ payment options: cash, cheque, debit or credit card or online at <https://www.studentquickpay.com/sd33/>)
- ✓ Own a Junior Membership at Chilliwack G&CC @ \$300, facility fee \$100

Student

Parent

Date

School of Record for 2018-2019

FOR OFFICE USE ONLY

- | | |
|-----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> PART 1 Registration | <input type="checkbox"/> SSS Registration Form (if cross-enrolled) |
| <input type="checkbox"/> PART 2 Commitment | <input type="checkbox"/> Birth Certificate (if applicable) |
| <input type="checkbox"/> \$200 Registration fee | <input type="checkbox"/> Date and Time of Application _____ |
| <input type="checkbox"/> Remaining fees submitted | <input type="checkbox"/> Cross-enrolled / Pre-transitioned |

