



**PLAYER REGISTRATION 2021  
For  
REPRESENTATIVE AVAILABILITY**

Full Name \_\_\_\_\_

Home Club (where your handicap is maintained)

\_\_\_\_\_ Handicap index \_\_\_\_\_ Membership

No (7 digits) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present age \_\_\_\_\_ My birth date is \_\_\_\_\_

Please circle

Senior                  Under 19                  Masters                  Women

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

email \_\_\_\_\_

I confirm I am available to play in Southland teams, as per the published list of Rep fixtures, if selected.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to Administration Officer; Golf Southland P O Box 584  
INVERCARGILL 9140 email [admin@golfsouthland.co.nz](mailto:admin@golfsouthland.co.nz)