

**Level 1 (beginners - skills tests)**  
*(Please complete in Block Capitals)*

Name			
Address			
Postcode			
Email			
Contact Tel No.			
Area/Club			
Date of Birth			
Nature of Disability			
How long have you been playing_golf?			
Score at last competition			
Buddy required	<b>Yes</b>		
Name of Buddy			
No. of additional support personnel for catering purposes			
<p><b>Please return to:</b>          Norma Buchanan, Administrator,          Disability Sport <b>Fife</b>, Fife Sports Institute,          Viewfield Road, <b>Glenrothes, Fife KY6 2RB</b></p>			