

APPLICATION FORM

2023 MEMBERSHIP



PRAGUE
CITY GOLF

Name: Surname:

Date of birth:

Street and Nr.:

City: ZIP code:

Phone: Email:

BASIC ☐ **PLAY** ☐ Signature:

Filled by PCGC

Registration Number:

Date application recieved: Date payment recieved:

Please fill and return form to:

Prague City Golf
K Radotínu 15
156 00 Praha 5 - Zbraslav

Payment to be done at reception or on account nr.:

107-1813560237/0100

(variable symbol is date of your birth - DD/MM/YYYY,
write your name and surname into the note)

Agreement of processing of personal data

An applicant for membership in PCGC countersigns that he/she is thoroughly familiar with the statutes and other actual club regulations, and undertakes to respect and comply with them. I declare that I agree with processing of personal data records under the Act No. 101/2000 Coll. as amended, and using the personal identification number under the Act No. 133/2000 Coll. as amended, for the needs of the club. I agree that the PCGC is authorized to provide the personal information in the Central Register of the Czech Golf Federation.