The Heads
SHOALHAVEN HEADS GOLF CLUB LTD

LEAVE OF ABSENCE (LOA) APPLICATION FORM

To be completed by Applicant and submitted to the Secretary
Each question below must be answered Items 1 -13.

1	Name	
2	Address	
3	Contact Number	
4	Email Address	
5	Membership Number (Must have been a member for at least 3 years)	
6	Nature of Illness or injury	
7	Supporting Medical documents provided.	***(*see note below)***
8	Period of LOA Requested. (not less than 3 months)	
9	Expected Commencement Date	
10	Expected Return Date (approximate date will do)	
11	Any Other Comments	
12	Signature of Applicant	
13	Date of Application	
	***Important Note**	***A letter signed by a GP or other medical professional on headed paper stating that the individual is under their care and is unable to play golf for (state period of time or for foreseeable future).***