



ESTRELLA DAMM N.A.
ANDALUCÍA MASTERS

HOSTED BY  **Fundación Sergio Garcia**

ESTRELLA DAMM ANDALUCIA MASTERS VOLUNTEER APPLICATION FORM

26 - 30 JUNE 2019 - Real Club, Valderrama, Sotogrande, Spain

Name _____

Address _____

Email address _____ Repeat Email address _____

Mobile _____ I am a Golfer Non-Golfer Age _____

Previous Experience of Volunteering _____

Next of Kin _____ Telephone Number _____

Volunteers who work **FIVE** days are entitled to a full benefits package which normally comprises, two golf shirts, a light jacket, a cap, daily refreshment/merchandise vouchers and a complimentary **Real Club Valderrama green fee voucher**. (**Benefits to be confirmed**) If you are only able to attend for two days these must be THURSDAY AND FRIDAY and a lesser benefits package will be provided which **WILL NOT** include a green fee voucher.

I am available to marshal on the following days (Thursday and Friday are Mandatory.)

PLEASE TICK ALL DAYS THAT YOU ARE AVAILABLE:

WEDNESDAY 26 JUNE

THURSDAY 27TH JUNE

FRIDAY 28TH JUNE

SATURDAY 29TH JUNE

SUNDAY 30TH JUNE

Preferred Start time for Thursday & Friday (Saturday and Sunday are ONE SHIFT) Early Late

Medical Conditions

Please give details of any medical conditions or prescription medication taken that may impact your ability to act as a volunteer and carry out assigned roles at the event.

Uniform

Please tick your size for the uniform as provided – Please note we will attempt to give you the size requested but this will depend on stocks available to us. Assume small sizes

Gents Small Medium Large X Large XX Large

Ladies Small Medium Large X Large

I would prefer to be a Marshal Scorer Board Carrier

Please note whilst every attempt will be made, we cannot guarantee to accommodate all preferences and you should be prepared to participate in the allotted role.

HEALTH DECLARATION AND DATA PROTECTION

Please note that by volunteering for marshalling or scoring duties at the 2019 Estrella Damm Andalucia Masters you acknowledge that undertaking such duties may be physically demanding and you are aware of the associated medical and physical risks involved; you agree your personal health and fitness is of a sufficient standard to enable you to undertake such duties without risk to your health; and you agree to be solely responsible for your actions.

I agree to be at the competition at the time defined for volunteers for four days between 26 – 30 JUNE AND I understand my task is allocated based on the numbers required in each area.

Name _____

Address _____

Email address _____ Repeat Email address _____

Mobile _____

Holding of Personal Data: As a Deputy Chief Marshal and together with the Chief Marshal (GRAHAM WALLAGE), we will hold your personal information as a volunteer who is registered with us for one or more events. This is, of course, a required action in order to fulfil our roles as Deputy Chief Marshal and Chief Marshal when organising the respective events. Therefore, we are required to ask you to complete the slip at the bottom of this page and return it to me.

Unfortunately, should you not wish to give your consent to my holding your personal data you will be unable to volunteer on behalf of the European Tour.

I _____ hereby provide my express consent for SANDRA SLATER and GRAHAM WALLAGE to hold my personal data in regard to my volunteer role with PGA European Tour as a Volunteer for one or more tournaments.

I agree that my data will be held by SANDRA SLATER and GRAHAM WALLAGE continually for invitations to all future volunteering opportunities to which they are attached, and that in order to remove myself from his/her database I need to write to him/her at the address or email address detailed on the header of this letter – or any subsequent update to this which I receive.

Further, by ticking the following box I agree that my data may be shared with PGA European Tour for the explicit purposes of providing health, safety and security management to European Tour events and providing me with accreditation / guest passes for the events at which I volunteer.

Signed: _____ Date: _____

Please return your completed form by email to sandraslater48@yahoo.com

OR by post to Sandra Slater, Flat 1, 85 North Road, HYTHE, Kent CT21 5ET