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2011 NSW 3BBB WOMEN'S TEAM CLASSIC

Club Results Form

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 14 DAYS OF CLUB QUALIFYING ROUND. COUNTRY CLUBS MUST ALSO SEND A COPY TO THEIR DISTRICT SECRETARY. PLEASE COMPLETE ENTIRE FORM, ENSURING ALL DETAILS ARE CORRECT AND WRITING IS LEGIBLE.

Golf NSW, PO Box 195, ARNCLIFFE NSW 2205

Tel: (02) 9505 9105 Fax: (02) 9505 9199 Email: Julia.skamperle@golfnsw.org

CLUB DETAILS	
CLUB NAME :	
District:	
Club official:	
Email:	
Contact number:	No. of teams that competed:

RESULTS	
No. of teams that competed:	No. of teams eligible for play-off*:
Total entry fee's (\$15 per team): \$	Please initial to verify:

*1-10 teams competing at club level = 1 team eligible for play-off, 11-20 teams competing at club level = 2 teams eligible for play-off, 21-30+ teams competing at club level = 3 teams eligible for play-off.

PAYMENT DETAILS	
Cheque, money order or credit card payment for team entries must be returned with this form. Please make cheques payable to Golf NSW.	
We will be paying by:	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (please complete details below)
Card type:	<input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners
Card number:	
Cardholders name:	
Expiry date:	Total payment amount: \$
Cardholders signature:	

WINNING TEAM	
PLAYER ONE	
Full name:	
Address:	
Suburb:	State: Postcode:
Date of birth:	Phone no:
Email:	
PLAYER TWO	
Full name:	
Address:	
Suburb:	State: Postcode:
Date of birth:	Phone no:
Email:	
PLAYER THREE	
Full name:	
Address:	
Suburb:	State: Postcode:
Date of birth:	Phone no:
Email:	

RUNNER UP TEAM

PLAYER ONE

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

PLAYER TWO

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

PLAYER THREE

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

THIRD TEAM

PLAYER ONE

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

PLAYER TWO

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

PLAYER THREE

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

FOURTH TEAM

PLAYER ONE

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

PLAYER TWO

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

PLAYER THREE

Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

FIFTH TEAM			
PLAYER ONE			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
PLAYER TWO			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
PLAYER THREE			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
SIXTH TEAM			
PLAYER ONE			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
PLAYER TWO			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
PLAYER THREE			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

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