

RULES OF GOLF ACCREDITATION PROGRAM LEVEL 2 (Club Level) NOMINATION FORM

FULL NAME:					
ADDRESS:				P/CODE:	
PHONE NO'S:	HOME:		MOBILE:		
E:MAIL:					
HOME CLUB:			HANDICAP		
SIGNATURE:					

Willunga Golf Club – Monday 27 June (evening) 6:30pm – 9:30pm

Please check the Rules events page on the Golf SA website for related Tutorial & Exam dates

PAYMENT METHOD

Enclosed is my money order / cheque or
 Please charge my credit card for \$ 16.50
 Visa Mastercard Expiry Date /

Card Number

Cardholder's Name

Cardholder's Signature

Please return to:

Golf SA
 PO Box 356
 Torrensville Plaza
 SA 5031
 F: (08) 8352 3900
 Email: admin@golfsa.com.au



www.golfsa.com.au

For office use only

Date Rec	/	Paid		Exam result	
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