

# INVITATION



## Women's Committee Golf Day Fundraiser for NSWGF

**The Lakes Golf Club**  
**Thursday 14<sup>th</sup> July 2011**

**Golf & Lunch**  
**\$100 per person**

We have the pleasure of inviting up to three (3) Women Committee Members from your Club to participate in the 2011 Women's Committee Golf Day in support of the NSW Golf Foundation.

Join fellow Committee Members from golf clubs all over NSW for a game of golf and lunch. Be entertained by a guest speaker and have the opportunity to win fabulous prizes!

### Event Information

#### Schedule for the day:

7.15am	Registration
7.45am	Briefing
8.00am	Shotgun start - Teams Par Event Team prizes for scratch & nett, Long drives & NTP's
1.00pm	Lunch and Guest Speaker

The field is limited with places allocated on a first-in first-served basis. Teams will be made up of players from different clubs.

Your team players and starting hole information will be forwarded to you prior to the event and will be available at [www.golfnsw.org](http://www.golfnsw.org) and [www.nswgolffoundation.org.au](http://www.nswgolffoundation.org.au)

Please note dress regulations and mobile phone regulations apply go to: [www.nswgolffoundation.org.au](http://www.nswgolffoundation.org.au)

To book a cart please contact the pro shop at The Lakes 9669 3544.

For further information on the event please contact Donna Mitchell on 9505 9105 or [donna.mitchell@golfnsw.org](mailto:donna.mitchell@golfnsw.org).

**Handicap Limit 36**

**ENTRY** Please complete all required fields below. Return this section along with the required payment of \$100 per person. **ENTRIES CLOSE 3 JULY**

**Have you booked a cart through the Pro Shop? Names:** .....

**Dietary Requirements**.....

CLUB DETAILS				
CLUB NAME :				
Club contact:				
Contact number:				
Email:				
COMMITTEE MEMBERS				
Name:				
Position:	Handicap:	Contact number:		
Email:				
Name:				
Position:	Handicap:	Contact number:		
Email:				
Name:				
Position:	Handicap:	Contact number:		
Email:				

### PAYMENT DETAILS

Method of payment (please select one of the options below):

- Credit Card**     Mastercard     Visa  
**Other**         Cheque         Money Order

**TOTAL AMOUNT PAYABLE:** \_\_\_\_\_

Expiry Date	<input type="text"/> / <input type="text"/>	Card Number	<input type="text"/>
Cardholder's Name	<input type="text"/>	Cardholder's Signature	<input type="text"/>