NOMINATION FORM

NEWCASTLE DISTRICT GOLF ASSOCIATION.
P.O. BOX 159 KOTARA NSW. 2289
PHONE: 02 49439415. FAX: 02 49439655.
ABN: 84 411 783 040 WEB: www.ndga.com.au

2011 LAKE MACQUARIE SENIORS.

54 HOLES STROKE

(MONDAY)	*(TUESDAY)*	*(WEDNESDAY)*
31ST.OCTOBER 2011	*NOVEMBER 1ST.*	*NOVEMBER 2ND.*
NEWCASTLE GC.	*CHARLESTOWN GC.*	*WARATAH GC.*

NAME: _____
(FIRST NAME) (SURNAME)

ADDRESS: _____

_____ **POSTCODE:** _____

TELEPHONE: (HOME)_____ (BUSINESS)_____

(MOBILE)_____ (E-MAIL)_____

HOME CLUB: _____ **GOLFLINK No:** _____
(MUST BE ENTERED) (MUST BE ENTERED)

NSW SOOM No(Where applicable) _____ **HANDICAP:** _____

GENDER(PLEASE INDICATE)_____**MALE**_____**FEMALE.**

SIGNATURE OF COMPETITOR: _____

ENTRY DETAILS: 3 DAYS /__/ MONDAY/___/ TUESDAY/___/ WEDNESDAY/___/
(TICK RELEVENT BOXES IF ONLY COMPETING ONE OR TWO DAYS)

COST: $75.00 3 DAYS OR $35.00 PER SINGLE DAY

PAYMENT DETAILS: (CHEQUES AND MONEY ORDERS MAKE PAYABLE TO NEWCASTLE DISTRICT GOLF ASSOCIATION)
MONEY ORDER/___/ CHEQUE/___/ AMOUNT: $_____

ALL ENQUIRIES TO THE CONVENORS: PAUL CORTAVILLE 02 49439415 OR MICHAEL DODD 02 49448947ALL ENTRIES AND PAYMENTS ARE TO BE SENT TO:
THE CONVENOR. 2 IVY STREET, DUDLEY. 2290.

CLOSING: 5.00PM Friday 21st.October,2011