



2012 KENO NSW MIXED FOURBALL CHAMPIONSHIP

Country Club Results Form

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 14 DAYS OF CLUB QUALIFYING ROUND. PLEASE COMPLETE ENTIRE FORM, ENSURING ALL DETAILS ARE CORRECT AND WRITING IS LEGIBLE.

Please note: Qualifiers must have attained the age of 18 years by 1 January, 2012.

Please return to Julia Skamperle, Golf NSW:
 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 :			
Club official:			
Email:			
Contact number:		No. of pairs that competed:	

QUALIFYING PAIRS FOR DISTRICT PLAY-OFF			
FIRST			
FEMALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
MALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
SECOND			
FEMALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
MALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

THIRD			
FEMALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
MALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

RESERVE PAIRS FOR DISTRICT PLAY-OFF			
FIRST RESERVE PAIR FOR DISTRICT PLAY-OFF			
FEMALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
MALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
SECOND RESERVE PAIR FOR DISTRICT PLAY-OFF			
FEMALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
MALE TEAM MEMBER			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			



Think! About your choices
Call Gambling Help
1800 858 858
www.gamblinghelp.nsw.gov.au