



2012 NSW MEN'S FOURBALL CHAMPIONSHIP

Club Nomination Form

CLUB DETAILS	
CLUB NAME :	
District / Metro:	
Club official:	
Title:	
Contact number:	
Email:	
PARTICIPATION <small>(Please check only one box)</small>	
<input type="checkbox"/>	We WILL be participating in the 2012 NSW Men's Fourball Championship
<input type="checkbox"/>	We WILL NOT be participating in the 2012 NSW Men's Fourball Championship
CLUB QUALIFYING	
Our club qualifying will be held on (insert date):	
CLUB QUALIFYING MUST BE COMPLETED by 30 JUNE 2012.	

PLEASE COMPLETE AND RETURN THIS FORM NO LATER THAN
THURSDAY 1 MARCH 2012



Mail to:
Golf NSW
PO Box 195, Arncliffe, NSW, 2205



Deliver in person to:
Golf NSW
1A Duncan St, Arncliffe, NSW



Email to:
Julia Skamperle
julia.skamperle@golfnsw.org



Fax to:
Golf NSW
(02) 9505 9199

Please direct all enquiries to the Golf Department, Golf NSW
Phone: (02) 9505 9105 Email: Julia.skamperle@golfnsw.org

www.golfnsw.org