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# 2012 NSW WOMEN'S 3BBB TEAM CLASSIC District Results Form

PLEASE COMPLETE AND RETURN THESE FORMS AS SOON AS DISTRICT PLAY-OFF HAS BEEN HELD. PLEASE COMPLETE ENTIRE FORM, ENSURING ALL DETAILS ARE CORRECT AND WRITING IS LEGIBLE.

NOTE: Qualifiers must have attained the age of 18 years by January 1, 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](mailto: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](mailto:Julia.skamperle@golfnsw.org)

DGA DETAILS	
DGA:	
DGA official:	
Email:	
Contact number:	

FIRST TEAM GO TO THE STATE FINAL. ALL OTHERS ARE RESERVES

WINNING TEAM			
PLAYER ONE			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
PLAYER TWO			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
PLAYER THREE			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

IN THE EVENT THE WINNING TEAM IS UNABLE TO COMPETE IN THE STATE FINAL, THE RESERVE TEAM WILL BE OFFERED THE PLACE. IF THEY ARE UNABLE TO COMPETE, THE THIRD TEAM WILL BE OFFERED THE PLACE. THEREFORE, PLEASE ENSURE YOU COMPLETE ALL DETAILS BELOW.

<b>RUNNER UP TEAM</b>			
<b>PLAYER ONE</b>			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
<b>PLAYER TWO</b>			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
<b>PLAYER THREE</b>			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

<b>THIRD TEAM</b>			
<b>PLAYER ONE</b>			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
<b>PLAYER TWO</b>			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			
<b>PLAYER THREE</b>			
Full name:			
Address:			
Suburb:	State:	Postcode:	
Date of birth:	Phone no:		
Email:			

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