



Booking Form

PACKAGE	QUANTITY	SUB TOTAL
Team of 3 Players - \$500incl GST		\$
Individual Player - \$175incl GST		\$
	TOTAL	\$

Company Name _____

Contact Person _____

Postal Address _____

Suburb _____ State _____ P/Code _____

Contact Number/s _____

Email _____

PLAYERS NAMES 1 _____ 2 _____ 3 _____

PAYMENT DETAILS

(Circle selected option)

Credit Card: **Visa** **Mastercard (No other cards accepted)**

Cheque

Card Number: ____ / ____ / ____ / ____

Expiry Date: ____ / ____ Name on Card: _____

Amount: _____ Cardholder's Signature: _____

SEND BOOKING FORM TO:

Christian Puccini, Competition Manager

Fax: (08) 8267 1353

Email: christian@golfsa.com.au

Phone: (08) 8267 1437

Mobile: 0412 401 534

Golf SA Corporate Golf Day