



# Club Booking Form

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**GUEST DETAILS**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Please indicate if you wish to be seated with a specific group & we will do our best to accommodate:

\_\_\_\_\_

Please indicate any Special Dietary Requirements:

\_\_\_\_\_

**PAYMENT DETAILS**

No. of Guests	Price	Total Cost
	\$115 each	

*(tick selected option)*

Payment:       Cheque       Mastercard       Visa

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date: \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**PLEASE RETURN BOOKING FORM TO GOLF SA BY FRIDAY 5 OCTOBER 2012 to reserve your tickets**

**Golf SA – Fax: 08 8267 1437    Email: [admin@golfsa.com.au](mailto:admin@golfsa.com.au)**

**Mail: Golf SA, PO Box 423, North Adelaide, SA, 5006**