



Individual Booking Form

Name: _____ Club: _____

Postal Address: _____ Suburb: _____ Post Code: _____

Phone: _____ Email: _____

GUEST DETAILS

1. _____ 2. _____

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

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