The Adelaide Shores Golf Range Challenge

Date

January 21 (Monday)

March 28 (Thursday)

Cardholder Name: ____

May 30 (Thursday)





Tick to enter

Registration Form

5:30 pm to 7 pm

5:30 pm to 7 pm

5:30 pm to 7 pm

Please enter me into the following Adelaide Shores Golf Range Challenge event (s):

Time

July 25 (Thursday)	5:30 pm to 7 pm	
September 26 (Thursday)	5:30 pm to 7 pm	
November 28 (Thursday)	5:30 pm to 7 pm	
Entry Fees (per person, per ev	ent): \$20 CLSGC Member or	\$30 Non-Member.
Participant details		
First name:	Last name:	
Email:	Phone/Mobile:	
Experience (please tick): □ club member	□ regular golfer (once a mon	th) □ social golfer
□ rarely play golf		
CLSGC Member: □ Not yet □ Y	es, membership number:	
By submitting this entry form, I unders Social Golf Club event and obligated to the event at le	•	ee unless I withdraw from
Signature of participant:	Da	ate:
Payment		
☐ Cheque enclosed made payable to Ad	elaide Shores	
□ Credit card payment below		
Card Type (please circle): VISA / MASTE	ERCARD A	mount: \$
Card number:	E	xpiry Date: /

Signature: ___