

NOMINATION FORM



NEWCASTLE DISTRICT GOLF ASSOCIATION

P.O. BOX 159 KOTARA NSW 2289

PHONE: 02 4944 8947 FAX: 02 4944 8947

ABN: 84 411 783 040 WEB: www.ndga.com.au

2014 LAKE MACQUARIE SENIORS

54 HOLES STROKE

(MONDAY)

October 13TH

MEREWETHER GC.

(TUESDAY)

October 14TH

TORONTO G C.

(WEDNESDAY)

October 15TH

WARATAH GC

NAME: _____
(FIRST NAME) (SURNAME)

ADDRESS: _____
_____ POSTCODE: _____

TELEPHONE: (HOME) _____ (BUSINESS) _____
(MOBILE) _____ (E-MAIL) _____

HOME CLUB: _____ GOLFLINK No: _____
(MUST BE ENTERED) (MUST BE ENTERED)

HANDICAP G.A. _____ Age on 13/10/2014: _____ D.O.B: ___/___/___

NSW SOOM No. (Where applicable) _____

P.S SHOT GUN START ON DAY ONE AT 9.00.AM

SIGNATURE OF COMPETITOR: _____

ENTRY DETAILS: 3 DAYS MONDAY TUESDAY WEDNESDAY
(TICK RELEVANT BOXES IF ONLY COMPETING ONE OR TWO DAYS)

COST: \$90.00 / 3 DAYS or \$35.00 / DAY

PAYMENT DETAILS: (CHEQUES AND MONEY ORDERS - MAKE PAYABLE TO: NEWCASTLE DISTRICT GOLF ASSOCIATION)

MONEY ORDER CHEQUE AMOUNT: \$ _____

FOR FURTHER ENQUIRIES CONTACT THE CONVENOR: MICHAEL DODD Ph: 02 4944 8947

ALL ENTRIES AND PAYMENTS ARE TO BE SENT TO:

THE CONVENOR, 2 IVY STREET, DUDLEY NSW 2290

ENTRIES CLOSE: 5.00PM MONDAY 6/10/2014