

			•		
Male Player:		Female Partner:			
Surname:	s	Surname:			
First Name:		First Name: Club:			
Club:	Č				
Golf Link No:		Golf Link No:			
All entrants must hold a current GA Handicap. Golf Link No. must be provided on Entry Form. Evider Club Membership and Current Handicap status must be produced to Committee on request					
Golf Cart: Yes/No.	Own/Hire. (Please Cir	cle) (See in	fo sheet re Golf Cart Hire)		
Contact Address:_					
			Post Code:		
Telephone:	Mob	ile:			
Email Address:					
Day 1	nm Assembly - 10:30 am . Saturday 1st October 201 . Sunday 2nd October 201	6 Finley Go	off Club		
	. Monday 3rd October 201				

Entries close Friday 16th September 2016 or when field capacity is reached. ENTRY FEE \$90 per PAIR

PAYMENT DETAILS

All payments to Outback Golf Challenge

	BSB: 082-591 AC	C. No. 161474178		
CIRCLE ONE OF THE FOLLOWI	NG: CHEQUE. CASH	. CREDIT CARD.	DIRECT DEPOSIT.	
For Credit Card Payment	L Cardholders Name);		
Number on Card:		Expiry Date:		
Amount Authorised:		Signature:	Signature:	
Office Use Only:				
Amount: C	ash/Cha/Card/DD- Ro	nt No: En	tered Date:	