

SOUTH LAKES GOLF CLUB

2017 SENIOR ORDER OF MERIT STROKE CHAMPIONSHIP - ENTRY FORM

Entry No.

Office use

Closing date for entry is : 30th January 2017

EACH ENTRANT MUST SUBMIT A SEPARATE ENTRY FORM

| | | | | | | | | | | | |
|--------------------------|--|--|----------|--|-------------|-----------|------------------------------|--|--|--------|------|
| Surname | | | | | | | | | | Female | Male |
| Preferred first name | | | | | | | | | | D.O.B | |
| Phone (Home or Mobile) | | | | | GA Handicap | | Golf Link number (10 digits) | | | | |
| Address | | | | | | | | | | | |
| State | | | Postcode | | | Home Club | | | | | |
| Email address | | | | | | | | | | | |

Tick a box for entry to event.

| Date | Event | Event Type | | |
|--------|-------|----------------|---------|------------------------|
| Monday | 1 | 18 Hole Stroke | \$40.00 | Visitor including Meal |
| 6 Feb | | 18 Hole Stroke | \$25.00 | Member including Meal |

Pre Ordered Meal

Schnitzel with Chips & Salad

OR

Fish with Chips & Salad

TOTAL

N.B. DON'T FORGET YOUR EMAIL ADDRESS.

CAN YOUR PERSONAL INFORMATION BE GIVEN TO THE SENIOR ORDER OF MERIT COMMITTEE. IF SO PLEASE TICK THE BOX

HANDICAPS OF THE DAY WILL APPLY

SOUTH LAKES GOLF CLUB

Office Use Only

DATE

TOTAL PAYMENT \$ RECEIPT NO.

CREDIT CARD DETAILS

TYPE OF CARD

Mastercard

Visa

Card Number

Expiry date

Name of Cardholder (please print)

Signature

Amount Due

\$

DIRECT DEBIT DETAILS

ACCOUNT SOUTH LAKES GOLF CLUB INC

BSB 105 160

ACCOUNT NUMBER 018 025 340

X Please use your Surname & SOM as reference

PLEASE TICK IF PAID BY DIRECT DEBIT

Entries close Monday 30th January 2016

South Lakes Golf Club

PO Box 55

GOOLWA SA 5214

FAX NUMBER...(08) 8555 2512

Email - info@southlakesgolf.com.au
