## SOUTH LAKES GOLF CLUB

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HANDICAPS OF THE DAY WILL APPLY

## SOUTH LAKES GOLF CLUB

Office Use Only		DATE
TOTAL PAYMENT S	ECEIPT NO.	
CREDIT CA	ARD DETAILS	
TYPE OF CARD	Mastercard	Visa
Card Number		Expiry date
Name of Cardholder (please print)	Signature	Amount Due
DIRECT DEBIT	DETAILS	
ACCOUNT SOUTH L	AKES GOLF CLUB INC	
<b>BSB</b> 105 160		
ACCOUNT NUMBER 018 025 340		
X Please use your Surname & SOM as PLEASE TICK IF PAID BY DIRECT DE		
Entries close Mond South Lakes G PO Box 55 GOOLWA SA FAX NUMBER(0 Email - info@south	5214 8) 8555 2512	