



RULES OF GOLF EDUCATION PROGRAM

APPLICATION FORM - LEVEL TWO PROGRAM

To: Operations Manager Golf Tasmania Inc.

PO Box 410

ROSNY PARK TAS 7018

I wish to make an application to undertake the **LEVEL TWO** Rules Education Programme.

| Name: Mr/Mrs/N | //s/Dr | | |
|------------------|--|-------------------------------------|---------------------------|
| | (First Name | e/s) (Surn | ame) |
| Address: | | | |
| | | P/Code: | |
| Email: | | | |
| Telephone: (B) | | (P) | |
| Golf Club: | | | |
| Golflink Number | : | | |
| Date of worksho | p to be attended: | October 22-23 | _ |
| | Venu | e: | |
| The applicant n | nust have the suppor | t of the applicants club. | |
| Signed: | | (Applicant) | |
| Cost of Entry - | \$100.00 (inc. GST) | I require a Decisions Book | |
| | \$80.00 (inc. GST) | I DO NOT require a Decisio | ns Book 🛚 |
| lethod of Pay | ment (tick selected option applicable) | and complete credit card details if | AUD\$100.00 OR \$80.00 |
| - | | rd CHEQUE MONEY ORDER | CASH (Office Only) |
| CCV Number | Expiry / Date / | Card Number | |
| ardholder's Name | | Cardholder's Signature | |