

## Club Booking Form

Name:		Clu	ıb:	
Phone:	Email:			
GUEST DETAILS  Booking forms and paym  If you are unsure of all gu	-	oooking, please co	onfirm via emailed by	∕ Fri 19 Oct.
1		2		
3		4	4	
5 6				
7 8				
Please indicate any Spec	cial Dietary Requireme	nts:		
	No. of Guests	Price	Total Cost	
		\$115 each		
(tick selected option)  Payment: □ Cheque □ Mastercard □ Visa				
Card Number:	/	/	Expiry Date:	/
Cardholder's Name:				Amount: \$
Cardholder's Signature: _				

PLEASE RETURN BOOKING FORM TO GOLF SA BY <u>FRIDAY 12 OCTOBER 2018</u> to reserve your table (no tickets are issued / door list only)

Golf SA - Fax: 08 8267 1437 Email: admin@golfsa.com.au Mail: Golf SA, PO Box 423, North Adelaide, SA, 5006