



Club Booking Form

Name: _____ Club: _____

Phone: _____ Email: _____

GUEST DETAILS

Booking forms and payment due by Fri 11 Oct.

If you are unsure of all guest names at time of booking, please confirm via emailed by Fri 18 Oct at the latest.

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

Please indicate if you wish to be seated with a specific group & we will do our best to accommodate:

Please indicate any Special Dietary Requirements:

PAYMENT DETAILS

No. of Guests	Early bird (by 11 Oct) Price	Total Cost
	\$115 each	

Clubs will be charged \$135 per person if booking forms received after Fri 11 Oct.

(tick selected option)

Payment: Mastercard Visa

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Cardholder's Name: _____ Amount: \$ _____

Cardholder's Signature: _____

PLEASE RETURN BOOKING FORM BY FRIDAY 11 OCTOBER 2019 to reserve your table

(no tickets are issued / door list only)

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