



# The Park Cup

Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Club: \_\_\_\_\_ A.G.U. Handicap: \_\_\_\_\_

Golf Link no \_\_\_\_\_

Competitors Signature: \_\_\_\_\_

## Competition Entered

Senior Open

Super Seniors

**PAYMENT DETAILS: I have enclosed a Cheque/Money Order for \$40**

**Please charge my:                      BANKCARD                      MASTERCARD/ VISA**

**Expiry Date: \_\_\_\_/\_\_\_\_                      Signed: \_\_\_\_\_**

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Credit Card details will be destroyed after registration

## Entries to be sent via:

**Email:** [info@thaxtedparkgolfclub.com.au](mailto:info@thaxtedparkgolfclub.com.au)

**Fax:** 8325 1020

**Post:** PO BOX 98 Woodcroft S.A 5162

