

2019 SCSBDGA MID-AMATEUR & SENIOR MEN'S CHAMPIONSHIPS



ENTRY FORM

Please print/copy this form and email/fax with credit card details (or post with cheque).

Phone: 07 5491 1811
 Fax: 07 5492 8070
 Email: info@caloundragolfclub.com
 Post: 1 Charles Woodward Drive, Caloundra QLD 4551



COMPETITOR DETAILS

SURNAME			(please print clearly)
FIRST NAME			
DATE OF BIRTH			
ADDRESS			POSTCODE
PHONE	HOME/WORK	MOBILE	
EMAIL			
GOLFLINK NUMBER		G.A. HANDICAP	
HOME CLUB			

PAYMENT DETAILS

ENTRY FEE \$70.00

(includes golf entry, dinner and breakfast)

Payment options – Please circle one	
CHEQUE	CREDIT CARD
Cheque made payable to: Caloundra Golf Club Inc.	CARD TYPE: Visa Mastercard NAME ON CARD: CARD No: / / / EXP. DATE: / SIGNATURE:

**** ENTRY NOT ACCEPTED UNLESS ACCOMPANIED BY PAYMENT ****