Charlestown Square Veteran's Cup

12th August 2010

ENTRY FORM

PLAYER 1. Name: Mr.□ Mrs.□ Ms.□_____ _____
Surname Given Name

Address: _____ Post Code: _____

Phone: _____ Fax _____ E-Mail _____

Club: _____ GolfLink N°.: _____ Handicap: ____

I will be sharing a golf cart with:- _____ I wish to hire a golf cart:- Yes □ No □

PLAYER 2. Name: Mr.□ Mrs.□ Ms.□_____ _____
Surname Given Name

Address: _____ Post Code: _____

Phone: _____ Fax _____ E-Mail _____

Club: _____ GolfLink N°.: _____ Handicap: ____

I will be sharing a golf cart with:- _____ I wish to hire a golf cart:- Yes □ No □

Players are personally responsible for the booking of golf carts at the Pro Shop on 4943 8748

COST:- $25.00 per player includes lunch

Entries may be emailed to: **mggolf@bigpond.net.au**

Emailed entries must be accompanied by Credit Card details

AMOUNT ENCLOSED $_____

Payment by: ☐ Cheque ☐ Visa ☐ MasterCard

Name of Card: _____Signature:_____

Card No: |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| Expiry: |_|_|_|_|

All entries to: - Charlestown Golf Club
PO. Box 586,
Warners Bay

Phone 02 4943 7944
Fax 02 4943 5411
Pro Shop 02 4943 8748

FOR OFFICE USE ONLY RECEIPT No