

Carnival of Golf 2004

Entry Form

Title: Mr /Mrs /Ms /Miss Given Name:

Surname

Address Suburb P/C.....

Telephone No. Business.....

Home Club Handicap

Golflink No.....

NOTE: Maximum Handicap Men 27 Ladies 45

Please accept my entries for events listed.

Preferred Hit-Off Time (Where applicable)

Competitor	Event No.	Partner Surname & Given Name	H'cap	Club	Entry Fee
				Total Entry Enclosed	\$

The personal details requested from players on this entry form is for the purpose of:

- Registering players into a golf tournament as described on this form.
- Listing player's names into a tournament field and publishing that field in the media and on the Club's website.
- Recording details on the Club's database for the purpose of mailing entry forms for future tournaments

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If you do not wish the Club to mail Entry Forms directly to you, please tick the box provided.

Credit Card Payments (\$3 Fee Applies)

Card Type: Please Tick ☐ Visa ☐ MasterCard ☐ Bankcard

I authorise the Portarlington Golf Club Inc. to debit my credit card for \$ _ _ _ _ (incl.\$3 fee)

Cardholder's Name: _ _ _ _ _ Signature: _ _ _ _ _

Card Number: _ _ _ _ _ Expiry Date: _ _ / _ _

Entries Close
Sunday 15th
August 2004

(or when fields are full)

Post your Completed Entry Form to

The Tournament Secretary – Mr Bill Reid
Portarlington Golf Club
130 Hood Road
Portarlington VIC 3223

ENQUIRIES: (03) 5259 2492

Please make
cheques payable
to Portarlington
Golf Club Inc.