



- 2010 CLUB TEAMS CHAMPIONSHIP - GOLF CLUB ENTRY FORM



TAX INVOICE - S.A.J.G. ABN 427 154 879 55

Golf Club(s): _____ Coordinator: _____

Club Address: _____

Contact Phone: _____ Mobile: _____

Co-ordinator's Email: _____
(Correspondence will be done by email where possible)

Preferred Qualifying Venue: _____ Term: _____

	CLUB TEAM - Player Names	H'cap	Age	Golflink Number	Entry Fee
1					\$20
2					\$20
3					\$20
4					\$20

Team Total	\$80
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Entries to: Stuart Appleby Junior Golf, PO Box 415, Ashburton, 3147. Or fax: (03) 9577 7666

Payment Details – Tax Invoice ABN 427 154 879 55

Please accept my payment by way of:

- Personal Cheque
 Bank Cheque/Money Order payable to **Stuart Appleby Junior Golf**
 MasterCard
 Visa

If payment is by Credit Card please insert Credit Card details below.

_____/_____/_____/_____
(Card number)

____/____
(Expiry Date)

(Signature)

(Name as it appears on card)

\$ _____
(Amount)