



Northeast Health Wangaratta & Jubilee Golf Club present



Golf Day

Sunday 29th August 2010

ENTRY FORM

Entry Fee \$120 per Team before 18th August 2010 - \$140 After
Entry Fee must accompany Team Booking. Spaces Limited.

Team Name: _____

Player 1/Team Captain: _____ Phone: _____

Address: _____

Player 2: _____

Address: _____

Player 3: _____

Address: _____

Player 4: _____

Address: _____

Entry Fee: Cash Cheque Credit Card Receipt Required

Please Debit my: Mastercard Visa \$ _____

Card No: /_/_/_/_/_ /_/_/_/_/_ /_/_/_/_/_ /_/_/_/_/_

Name of card holder: _____

Expiry Date: ___/___ Signature: _____

Entries & Payment to: Nadia Tilson,
Northeast Health Wangaratta, Green Street, Wangaratta VIC 3677
Ph: (03) 5722 0069 F: (03) 5722 0109 nadia.tilson@nhw.hume.org.au