



# NOAH'S CHARITY GOLF DAY FORM

## FRIDAY NOVEMBER 24, 2017 | 9AM SHOTGUN START

Contact Person: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Playing Thursday, 23 Nov: Y / N

Contact Email: \_\_\_\_\_ Preferred Time: \_\_\_\_\_ am / pm

No. of players: \_\_\_\_\_

Player Name	AGU Golflink #	Handicap	Dietary Requirement

### \$300 individual entry, \$1 000 entry per team of 4 players

- Includes Thursday & Friday course fee & cart, Auction Night Dinner, breakfast and presentation lunch Friday.

**Please make payment by cheque, credit card or electronic transfer. Please fill out the details below & email to [info@headshotel.com.au](mailto:info@headshotel.com.au) or mail to the Heads Hotel Motel P/L at 51 River Road, Shoalhaven Heads NSW 2535.**

#### Method of Payment:

Cheque: I enclose cheque for \$\_\_\_\_\_ (please make payable to: The Heads Hotel Motel P/L)

Electronic Transfer: The Heads Hotel Motel P/L  
 BSB: 082 356  
 Account: 58 965 4006  
 Reference: Golfdays "contact person's name"

Credit Card: Mastercard / Visa  
 Card No. \_\_\_\_\_  
 Expiry Date: \_\_\_\_ / \_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

#### IMPORTANT INFORMATION:

**Tax invoice: Upon payment this registration form serves as your tax invoice in compliance with GST**

