

**Entry fee is \$30 per person per event - PMGC Golf Members \$25**

Docket No:

**ENTRY 1**

CLUB:..... SURNAME:..... FIRST NAME:.....  
 MALE: or FEMALE: HOME ADDRESS:..... POST CODE:..... STATE:.....  
 GOLF LINK NO.: EMAIL:.....  
 PHONE NUMBER:..... GA HANDICAP:..... **EVENT No's entered:**


  
 ENTRY FEE ENCLOSED \$..... Office use only →  
**PARTNER FOR:** If a partner is required for any of these events, please indicate which event.  
 Event 2:..... Event 3:..... Event 4:..... Event 9:.....  
 Preferred Playing Time: **7am to 8:30am** or **11am to 1pm** Travelling with:.....  
 I require clubs & buggy storage for the week (\$20 Per Person) **PMGC MEMBERSHIP NO:**

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**ENTRY 2**

CLUB:..... SURNAME:..... FIRST NAME:.....  
 MALE: or FEMALE: HOME ADDRESS:..... POST CODE:..... STATE:.....  
 GOLF LINK NO.: EMAIL:.....  
 PHONE NUMBER:..... GA HANDICAP:..... **EVENT No's entered:**


  
 ENTRY FEE ENCLOSED \$..... Office use only →  
**PARTNER FOR:** If a partner is required for any of these events, please indicate which event.  
 Event 2:..... Event 3:..... Event 4:..... Event 9:.....  
 Preferred Playing Time: **7am to 8:30am** or **11am to 1pm** Travelling with:.....  
 I require clubs & buggy storage for the week (\$20 Per Person) **PMGC MEMBERSHIP NO:**

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**ENTRY 3**

CLUB:..... SURNAME:..... FIRST NAME:.....  
 MALE: or FEMALE: HOME ADDRESS:..... POST CODE:..... STATE:.....  
 GOLF LINK NO.: EMAIL:.....  
 PHONE NUMBER:..... GA HANDICAP:..... **EVENT No's entered:**


  
 ENTRY FEE ENCLOSED \$..... Office use only →  
**PARTNER FOR:** If a partner is required for any of these events, please indicate which event.  
 Event 2:..... Event 3:..... Event 4:..... Event 9:.....  
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**ENTRY 4**

CLUB:..... SURNAME:..... FIRST NAME:.....  
 MALE: or FEMALE: HOME ADDRESS:..... POST CODE:..... STATE:.....  
 GOLF LINK NO.: EMAIL:.....  
 PHONE NUMBER:..... GA HANDICAP:..... **EVENT No's entered:**


  
 ENTRY FEE ENCLOSED \$..... Office use only →  
**PARTNER FOR:** If a partner is required for any of these events, please indicate which event.  
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 Preferred Playing Time: **7am to 8:30am** or **11am to 1pm** Travelling with:.....  
 I require clubs & buggy storage for the week (\$20 Per Person) **PMGC MEMBERSHIP NO:**

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**CARTS can be ordered now direct through the Club Professional on 02 6495 6280**

**ENTRIES CLOSE Friday 12th October 2018**

**PLEASE COMPLETE DINNER BOOKINGS, PAYMENT AND CART DETAILS ON PAGE 2**

# SAPPHIRE COAST WEEK OF GOLF 2018 DINNER BOOKING & PAYMENT DETAILS

## WELCOME DINNER BOOKING - Sunday 21st October

Tax Invoice ABN 48 001 038 357 (Price include GST).

A Three Course Dinner with an alternate drop main course - 10 people per table. Make up your table or we can allocate you a table

Number attending the WELCOME DINNER:  @ \$30 per person (only for competitors)  @ \$40 per person (non-competitors)

Please allocate us to a table **OR** book us on a table with: .....

**TOTAL AMOUNT FOR WELCOME DINNER BOOKING \$** ..... (please include this amount in the payment area below).

Special Dietary Requirements (Name and Details):

Dinner tickets booked in the name of the person paying will be held with the registration package **BOOKINGS CLOSE Friday 12th October**

## DEGUSTATION DINNER BOOKING - Thursday 25th October

Tax Invoice ABN 48 001 038 357 (Price include GST).

A Seven Course Dinner with matching wines from St Hallett Wines - 8 per table in the Garden Room. Make up your table or we can allocate you a table

Number attending the DEGUSTATION DINNER  @ \$100 per person

Please allocate us to a table **OR** book us on a table with: .....

**TOTAL AMOUNT FOR DEGUSTATION DINNER BOOKING \$** ..... (please include this amount in the payment area below).

Special Dietary Requirements (Name and Details):

Dinner tickets booked in the name of the person paying will be held with the registration package **BOOKINGS CLOSE Friday 12th October**

## Sapphire Coast WEEK OF GOLF 2018 - EVENT ENTRY, CLUBS & BUGGY STORAGE & DINNER PAYMENT

NAME (On Credit Card or Cheque Account):..... PHONE NUMBER:.....

Golf Total \$.....

Clubs & Buggy Storage Total @ \$20 per person \$.....

Welcome Dinner Total \$.....

Degustation Dinner Total \$.....

**PAYMENT:**                      Mastercard                      Visa                      Cheque                      **TOTAL DUE \$**.....

Card No.

Expiry Date:.....                      CCV:.....                      Type your name as your signature:.....

**Return completed Entry Form with Payment to Tournament Manager Pambula-Merimbula Golf Club, PO Box 75, Merimbula NSW 2548.**

## CART BOOKING DETAILS

If using a cart, book now via the Pro Shop, write your name beside each event and who you are sharing a cart with. If you're not sharing a cart but would like to share to reduce costs, simply put **WILL SHARE** after your name for each event below and we'll try to find someone to share with you.

Event 1: Name ..... with .....                      Event 2: Name ..... With.....

Event 3: Name ..... with .....                      Event 4: Name ..... With.....

Event 5: Name ..... with .....                      Event 6: Name ..... With.....

Event 7: Name ..... with .....                      Event 8: Name ..... With.....

Event 9: Name ..... with .....                      Event 10: Name ..... With.....

## COMMENTS OR SPECIAL REQUESTS REGARDING DRAW: