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Sapphire Coast WEEK OF GOLF 2009

Tax Invoice

ABN 48 001 038 357 (Prices include GST)

Receipt Number:

SURNAME: FIRST NAME: Phone No:

HOME ADDRESS: POSTCODE:

CLUB: **GOLF LINK No.** EMAIL:

MALE FEMALE HANDICAP: **Event No's entered**

FEE ENCLOSED \$ Office use only ▶

Partner: Event 1 Event 2 Event 3 Event 7

(If a partner is required for any of these events, please indicate above)

Preferred Playing Time: 7am to 8.30am or 11am to 1pm

Travelling with:

Carts to be ordered direct through the Club Professional: 02 6495 6280

PLEASE PROVIDE YOUR GOLFLINK NUMBER ON ENTRY FORM

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Name Phone (H): (B):

Address P/Code

PAYMENT: Bankcard Mastercard Visa

Expiry Date:

Signature:

Entries close 21st August, 2009 Pambula-Merimbula Golf Club, PO Box 75, Merimbula NSW 2548

Fax: (02) 6495 6272 Email: info@merimbulagolf.com.au Web: www.merimbulagolf.com.au