

Nomination Form

Uralla Veterans Week of Golf 2024

Men

Name _____

Address _____

Home Club _____

Email _____

DOB _____

Mobile _____

GA Handicap _____

Golf Link Number _____

Requested Play Days (Please tick)

Mon Tues Thurs Fri

Hiring a Cart Seat (Please tick)

Mon Tues Thurs Fri

TEAM INFORMATION

Please name your team, or part thereof, for **Monday's Medley**.

a
b
c
d

Ladies

Name _____

Address _____

Home Club _____

Email _____

DOB _____

Mobil _____

GA Handicap _____

Golf Link Number _____

Requested Play Days (Please tick)

Mon Tues Thurs Fri

Hiring a Cart Seat (Please tick)

Mon Tues Thurs Fri

Please name your team for **Friday's Medley 2 Person Ambrose**, find an opponent if you wish.

Team
Opponent

Note: The organisers will name players for incomplete teams.

Other Information: You need to Give or Ask ?? _____

Event	No. of players	Cost		Sub Totals
4 Day Pass		\$150/person		
Monday Irish 4 BBB		\$35/ person		
Tuesday 18 Holes		\$35/ person		
Thursday 18 holes		\$35/ person		
Friday 2 Person Ambrose		\$50/ person		
	No of days			
Cart Hire		\$15/seat/day		
			TOTAL	

Direct Deposit (ref is Full Name) Account name Uralla Golf Club

BSB 932 000, Account Number 100515927

Cheques made out to Uralla Golf Club

Payment must be forwarded at same time as entry form.