

REGISTRATION FORM

TICKET OPTION NUMBER: _____

CONTACT DETAILS - TEAM CAPTAIN

Contact name: _____ Email: _____

Company: _____ Address: _____

Contact No. _____ Phone: _____

GOLF PLAYER DETAILS (Captain is responsible for registration on the day)

Team name: _____

Mobile _____ Email: _____

SHIRT SIZE OPTIONS: Small, Medium, Large, XL, 2XL

PLAYER 1 OR single player: _____ Shirt size: _____ Handicap: _____
Golf Link No. _____ Staying for lunch: YES / NO Dietary Req: _____

PLAYER 2 OR single player: _____ Shirt size: _____ Handicap: _____
Golf Link No. _____ Staying for lunch: YES / NO Dietary Req: _____

PLAYER 3 OR single player: _____ Shirt size: _____ Handicap: _____
Golf Link No. _____ Staying for lunch: YES / NO Dietary Req: _____

PLAYER 4 OR single player: _____ Shirt size: _____ Handicap: _____
Golf Link No. _____ Staying for lunch: YES / NO Dietary Req: _____

ADDITIONAL DINNER GUESTS

Guest 1: _____ Dietary Requirements: _____

Guest 2: _____ Dietary Requirements: _____

PAYMENT DETAILS:

Amount payable: \$ _____

Direct debit: EFT BSB: 083-437 Account: 87-437-5919 Include your team name

Please circle: Credit Card** / VISA / Mastercard

Name on the card: _____ Signature: _____

Card No. _____ - _____ - _____ - _____ CCV: _____ Expiry: _____ / _____

ENQUIRIES

For sponsorship and registration enquiries, contact Fresh State on 03 9408 6627 or email:

carolyn@freshstate.com.au

All registration forms are to be emailed to carolyn@freshstate.com.au

*A tax receipt will be issued by Fresh State Ltd upon request

**Please note a 1.4% surcharge applies

