

NOMINATION FORM NEW ENGLAND 2023

16 April—21 April



MAL I Surname	E VETERAN GOL	FER (Playe		rst name			
Address	D/	OB					
Golf Club	F.,						
Golf Link No	G/	GAHcp					
Are you a membe						Group	
(If no you may joir	n by paying an ext	ra \$5 with yo	our entry.)				
LADY VETERAN	GOLFER OR PA	RTNER (Pla	yer 2)				
		•	• •	rst Name			
A al al n a a a			D/	⊃ D			
	Mo	Mobile No					
Golf Club			Er	mail			
Golf Link No							
Are you a membe (If no you may joir						Group	
(II 110 you Illay joil	i by paying an ext	ia ob willi ye	our entry.)		T.		
	(Golf Pd)	Player 1	Player 2	Social			
		\$35	\$35	\$20			
Monday 17/4	2 Ball Medley			xxxx	9.00a	am Shot Gun sta	t
Tuesday 18/4	18H. Ind.			XXXX	9:00am Shot Gun start		
Thursday 20/4	18H. Ind.			XXXX	9:00am Shot Gun start		
Friday 21/4	2 Person Ambrose			XXXX	8.30am Shot Gun Start		
Friday 21/4	Luncheon			At completion of play on Friday			
	TOTALS						
Will you be attendir	ng Sunday's registra	ation?					Yes / no
Would you like to p		Yes / no		Mon/Fri only	Yes / no		
Will you have your	Male	Yes / no		Lady	Yes / no		
Please circle			Male	Cart/scooter		Lady	Cart/scooter
Do you prefer to wa	Male	Yes / no		Lady	Yes / no		
If no, can we pair you with a player willing to share their cart if required?							Yes / no
Are you a Returned	d Serviceman or a r	elative of a Re	eturned Servic	eman?			Yes / no
Fees:	Golf: \$35 per single day or \$140 for 4 days (includes lunch each day plus Friday Presentation lunch)						
(Guests: Preser	ntation lunch	eon \$20				
E	Entries close on re	eceipt of 132	players. Ea	rly entries re	commer	nded	
Ι	DRAW will be ava	ilable at regi	stration on S	unday			
Cheques made ou				•			2360
Or players may Di	rect Debit to: Req	gional Austra	ılia Bank: B	SB 932-000	Acc N	o: 100259619	

EFT

Tournament Director: Jim Shadlow 0407 986 129 email: shadlow8@bigpond.com

Please indicate payment type: Cheque