

Contact name: _____





Maryborough District Health Service Charity Golf Day ENTRY FORM

21 MARCH 2024 – 4 PERSON TEAM EVENT

Address:		
Post code:		
Mobile Number:		
Email:		
Team name:		
Hire Cart Yes Limited carts available – first come	first served	
COMPETITOR NAME	GOLF LINK NUMBER	HANDICAP
Normal golfers play off recent handicap maximum, 27 m	en & 36 ladies	
RETURN REGISTRATION FORMS TO: EMAIL: kelly@maryboroughgolfclub.com.au ENQUIRIES: Kelly Walker 03 5460 4900		
PAYMENT DET	AILS:	
Amount:		(\$65 per person)
Please pay cash at the Maryborough Golf Club only. Mak and if paying via card, please fill in details below and pos Closing date for entries is 11 March 2024. Please see We Card name:	t to the address provided ndy or Leanne to pay on	the day.
Card name:		