



Maryborough District Health Service Charity Golf Day

BOWLS CHALLENGE TEAM ENTRY FORM

27 MARCH 2025 – 3 PERSON TEAM EVENT

Contact Name: _____

Address: _____

Mobile Number: _____

Email: _____

Team Name: _____

COMPETITOR NAME

Return registration forms to:

Email: manager@maryboroughgolfclub.com.au

Enquires: Bonaventure Tai 03 5460 4900

PAYMENT DETAILS:

Amount: _____ (\$40 per person)

Please pay cash at the Maryborough Golf Club only. Make cheques payable to Maryborough Golf Club and if paying via card, please fill in details below and post to the address provided.

Closing date for entries is 21 March 2025. Please see Leanne or Wendy to pay on the day.

Card name: _____

Card number: _____ Expiry date: _____