



2010 WOMEN'S PROGRAMME

Thursdays from October 19 through to December 7, 2010

Participants Details – Please write in BLOCK letters

Name	Given Name	Surname	
Email			
Postal Address			
Suburb		Post Code	
Mobile		Home Phone	
Other phone		DOB	___/___/___

I wish to apply for inclusion in the			
Beginners program	<input type="checkbox"/>	Intermediate Program	<input type="checkbox"/>
If Intermediate Program please provide the following details:			
Are you a member of a golf club/social golf club (including WGN)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which club		Handicap	
Signature		Date	___/___/___

Payment Details (and Tax Invoice) – ABN 17 180 035 151

Payment By	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
Please make cheques payable to Spring Valley Golf Club				
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Amount Paid	\$280.00	
Name as it appears on card				
Signature				

Special Dietary Requirements _____

Return to: Spring Valley Golf Club, PO Box 5169, Clayton 3168