

# Noel Hayden Memorial Pro-Am



**Saturday 18<sup>th</sup> January**

## **ENTRY FORM**

**Player/Team Registration**

**Player 1 .....**

**Player 2 .....**

**Player 3 .....**

**Player 4.....**

**PHONE .....**

**EMAIL .....**

**DIRECT CREDIT ASB 12-3023-0391255-00 PLEASE USE NAME AS REFERENCE AND EMAIL ENTRY DETAILS TO**

**[proshop@clarksbeachgolfclub.co.nz](mailto:proshop@clarksbeachgolfclub.co.nz)**

**CHEQUES PAYABLE TO CLARKS BEACH GOLF CLUB**

**CASH PAYMENTS WILL ALSO BE ACCEPTED IN OUR OFFICE**

**Should you require a golf cart, please contact the club to book one**