

WOMEN'S PRO-AM TOURNAMENT MONDAY, 16TH MARCH 2020 TEAM REGISTRATION FORM



PRO-AM 2020

Please complete this form and return it with payment of \$80 per player by 17TH February, 2020 to Warkworth Pro-Am, c/o Warkworth Golf Club, PO Box 103 Warkworth 0941. Entries are on a first come first served basis and will not be accepted unless accompanied by full payment of the fee. Note that a Professional Golfer will be drawn to make up the 4th member of your Team.

Please Print

PLAYER 1:

FIRST NAME: **LAST NAME:**

HOME CLUB: **HCP INDEX:** **NZG ID NO:**

EMAIL: **PHONE:**

Please Print

PLAYER 2:

FIRST NAME: **LAST NAME:**

HOME CLUB: **HCP INDEX:** **NZG ID NO:**

EMAIL: **PHONE:**

Please Print

PLAYER 3:

FIRST NAME: **LAST NAME:**

HOME CLUB: **HCP INDEX:** **NZG ID NO:**

EMAIL: **PHONE:**

Hosted Accommodation Yes No Number Required

What is the best way to contact you? (Tick one): Post Phone Email

Postal address.....

Phone Number Email:

Certified that full payment of the Team Fee of \$240 has been made: Yes No

Your Name:..... Phone:.....

Signed:..... Date:.....

METHOD OF PAYMENT: Cheque, Direct Debit, Cash. Please tick the selected option. Cheques should be made payable to Warkworth Golf Club Incorporated, enclosed with the completed registration form and addressed to:

Warkworth Pro-Am
c/o Warkworth Golf Club
PO Box 103
Warkworth, 0941

For further information call 09 425 8248 Ext. 1, or email: thedivot@warkworthgolfclub.co.nz

Direct bank transfer to Westpac Bank, Warkworth Branch, Account Name: Warkworth Golf Club Inc:

Account No: 03 04810127298-01, Ref: WW Pro Am Particulars: Player Name

Cheque: Direct Debit: Cash: