MOUNT MAUNGANUI GOLF CLUB 72 HOLE MIXED FOURSOMES TOURNAMENT

Saturday 31st October & Sunday 1st November 2015







Player Name:			Hcp/In	dex:				
Address:			Club ID	& Member				
			No					
			Postal	Code:				
Phone: Day;		Email:						
A/Hours;		s;						
_								
Partner								
Name:			Hcp/In	dex:				
Address:			Club ID	& Member				
Address:			No.	& iviember				
			Postal	Codo				
			Postai	code:				
Phone:	Day;		Email;					
	A/Hours;	A/Hours:						
Cart required	Saturday	Yes / No	\$50.00	_				
	Sunday	Yes / No	\$50.00	_				
Own Cart	Saturday	Yes / No	\$10.00	_				
	Sunday	Yes / No	\$10.00	_				
Entry Fee			\$80.00	_				
			Total:	_				
ENTRY FEE: \$80 PER COUPLE								
PLUS CART FEES (IF REQUIRED) MUST ACCOMPANY ENTRY FORM								
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Entries close 16th October 2015								
Post to:				Entry Number:				
Secretary Foursomes,					1			
15 Fairway Av								
Mt Maunganu								
Phone: 07 572								

Online payment; ASB Tauranga - 1231460073804 00

mmgc@mountgolf.co.nz

Office Use:

Date	Cash/Chq/Card	Receipt	Amount	Signed	Cart Required

FNTRY FORM



Mt Maunganui Golf Club 2015

72 Hole Mixed Foursomes

Saturday 31st October & Sunday 1st November 2015









Entry forms available at www.mountgolf.co.nz
Entry Fee must accompany the Entry Form

Entries close 16th october 2015

Post to: Mixed foursomes

Mt Maunagnui Golf Club 15 Fairway Avenue Mt Maunganui

07 572 7044

Email: mmgc@mountgolf.co.nz

Tournament Convener: Ray Horsfall

Phone:

Phone: 07 575 0590

Email: baytrain@kinect.co.nz