

Nomination Form

Walcha Veterans Week of Golf 2025

Men

Name_____

Address_____

Home Club_____

Email_____

DOB_____

Mobile_____

GA Handicap_____

Golf Link Number_____

Requested Play Days (Please tick) ☐ Mon ☒ Tues

Thurs ☒ Fri ☐

Hiring a Cart Seat (Please tick)

☐ Mon ☒ Tues Thurs ☒ Fri

Ladies

Name_____

Address_____ Home

Club_____

Email_____

DOB_____

Mobile_____

GA Handicap_____

Golf Link Number_____

Requested Play Days (Please tick) ☐ Mon

Tues Thurs ☒ Fri ☐

Hiring a Cart Seat(Please tick)

☐ Mon ☒ Tues Thurs ☒ Fri ☐

Team Information

A. _____ B. _____

Event	No. of players	Cost		Sub Total
4-day pass		\$135 /person		
Monday Stroke C'Ships		\$35/person		
Tuesday Stroke C'Ships		\$35/day		
Thursday 4BBB C'Ships		\$35/day		
Friday 4BBB C'Ships		\$35/day		
	No. of days			
Cart Hire		\$20/seat		

Total

Direct Deposit (ref is Full Name) Account Walcha Golf Club

BSB 932000 Account number 100210931 Cheques Made out to Walcha Golf Club

Payment must be forwarded at same time as entry form