

Walcha Veterans Week of Golf
Nomination Form 2026

MEN

Name _____
 Address _____
 Home Club _____
 Email _____
 DOB _____
 Mobile _____
 GA Handicap _____
 Golf Link Number _____

LADIES

Name _____
 Address _____
 Home Club _____
 Email _____
 DOB _____
 Mobile _____
 GA Handicap _____
 Golf Link Number _____

GOLF

CART SEAT	
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

GOLF

CART SEAT	
<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

TEAM INFORMATION

A. _____

B. _____

EVENT	NO. PLAYERS	COST	CART SEAT COST \$20/person each day	SUBTOTAL
4 day pass \$135 per person				
Monday Stroke \$35 per person				
Tuesday Stroke \$35 per person				
Thursday 4BBBB \$35 per person				
Friday 4BBBB \$35 per person				

DIRECT DEPOSIT

Account: Walcha Golf Club
 BSB 932-000 Account number 100 210 931
 Reference: Your Full Name

CHEQUES

Made out to Walcha Golf Club

Payment must be forwarded at same time as Entry Form

TOTAL COST