

## **TOUR REGISTRATION FORM**

### SAWA PHARMACY GOLF CHALLENGE 2019

## 3 round event 3<sup>rd</sup> to 6<sup>th</sup> May 2019

### **TOUR MEMBER DETAILS:**

FIRST NAME:	SURNAME:
EMAIL:	MOBILE / TEL:
HOME CLUB:	GOLFLINK NO:

Date	Event	Golf, Lunch & Dinner	Golf & lunch only	Dinner only	
Thurs 2 <sup>nd</sup> May	Welcome Function			\$20.00	
	Windsor Hotel			(canapes)	
Fri 3 <sup>rd</sup> May	Round 1	\$100.00	\$85.00	\$25.00	
	Joondalup Resort	(cart incl)			
Sun 5th May	Round 2	\$80.00	\$50.00	\$40.00	
	Meadow Springs Golf Club	(+cart \$20)			
Mon 6th May	Round 3	\$150.00	\$110.00	\$50.00	
	Cottesloe Golf Club	(+cart \$30)			
	Travel Supplement	Yes/No		Total	
	1	1	1		

# SAWA PHARMACY GOLF CHALLENGE 2019 3<sup>rd</sup> to 6<sup>th</sup> May 2019

**Full Challenge Package Option – includes:** Welcome Function, 3 rounds of golf including lunch, dinner = **package fee \$350.00 pp.** 

Travel Supplement: WAPGC will organise a minibus for pick up and drop off from Quest apartments, cost will be dependent on demand (around \$50p.p.). Please indicate on registration form if you require this.

**Accommodation:** Quest apartments South Perth offer attractive accommodation options close to bars, cafes and restaurants, walking distance to the river, with access to the city via the ferry. **See attached Quest Apartments information with link & booking code.** 

#### Payment Options:

Payments can be made via Bank Transfer to the following bank account:

Account Name: WA Pharmacy Golf Club Inc

BSB: 016498 Account Number: 497907731

Reference: Please insert your first and last name

### **Deposit and Payment Terms:**

Deposit: \$100.00 per person payable by Monday 21st Feb 2019

Final Balance: Final balance payable in full by Monday 15th April 2019

### Cancellation Policy:

Cancellations advised in writing by **Wednesday 3<sup>rd</sup> April 2019** are fully refundable. Cancellations received after 3<sup>rd</sup> April are subject to cancellation fees which are dependent on the package type and cancellation date.

PLEASE EMAIL YOUR COMPLETED REGISTRATION FORM to robert.taborsky@svpharmacy.com.au OR DIRECT ANY INQUIRIES TO: Tyson Wellman 0424298754 or tyson.wellman@amcal.net.au

