2024 SOUTH AUSTRALIAN HICKORY SHAFT GOLF CHAMPIONSHIPS REGISTRATION FORM

PERSONAL DETAILS:

| Name | |
|----------------------------|--|
| Name: | |
| Postal address: | |
| | |
| Email: | |
| Phone: | |
| Home club: | |
| Reciprocal with: | |
| GOLF Link number: | |
| | |
| Individual Championship: | |
| (Royal Adelaide Golf Club) | |
| Foursomes Championship: | |
| (Westward Ho Golf Club) | |
| Partner required: | |
| Partner: | |
| | |
| Loan clubs: | |
| | |

PAYMENT:

BSB: 105026 Account number: 071943540 Use your first initial and surname as the reference

Save this form using your name as the file name (e.g. J_Smith.pdf)

Please send the completed form and payment details via email to:

info@fleurieuhickorygolfers.com