



Player Registration Form
Otto Bock Victorian Amputee Golf
Championship
November 24 – 26 2010

Personal Details	
Name:	
Address:	
Contact Number:	
Email:	
Age:	
Amputation Type	<input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Foot <input type="checkbox"/> Partial Foot <input type="checkbox"/> Toe/s <input type="checkbox"/> Bi-lateral Other _____ <input type="checkbox"/> Below Elbow <input type="checkbox"/> Above Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Finger/s <input type="checkbox"/> Bi-lateral Other _____
Shirt Size	<input type="checkbox"/> S <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> XX Large <input type="checkbox"/> XXX Large
Golf Details	
Golf Club Member	<input type="checkbox"/> Yes <input type="checkbox"/> No Golf Club: _____
AGU Handicap	
Options & Charges	
Tournament Entry Fee (3 days)	\$190.00 (includes golf & all meals)
Tournament Entry Fee (3 days)	\$170.00 (PENSION/STUDENT) Copy of ID must accompany form
Guest / Partner Catering Please tick appropriate box	<input type="checkbox"/> Welcome Lunch \$20 <input type="checkbox"/> Wednesday Dinner \$40 <input type="checkbox"/> Presentation Dinner Friday \$50 <input type="checkbox"/> All meals \$100
Catering	
I/We will attend Welcome Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate
I/We will attend the Wednesday night function	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate
I/We will attend the Friday presentation dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate
Special Requirements (please indicate)	

 Signed

 Date

\$ _____
 Amount Enclosed

Registration to be completed and returned with full payment no later than: **25 October 2010**
 Please make cheques or money orders payable to: **Limbs 4 Life PO Box 282 Tunstall Square,**
East Doncaster Vic 3109

Inquires: 1300 78 22 31 or Email golf@limbs4life.com