



Player Registration Form
Victorian Amputee Golf Championship
November 19 & 20 2009

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 (2days)	\$160.00
Tournament Entry Fee (2 days)	\$130.00 (PENSION & STUDENT RATE) ID Required
One Day's Play (Thursday only)	\$ 85.00 (cost includes Golf + Dinner Thursday Only)
Guest Two Day's	\$ 70.00 (cost includes dinner only Thursday & Friday Night)
Catering	
I/We will attend the Thursday night function	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate
I/We will attend the presentation dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate
Special Requirements (please indicate)	

Signed _____

Date _____

Guest's bookings must be included on this form

Registration to be completed and returned with full payment no later than: **23 October 2009**
 Please make cheques or money orders payable to:

Limbs 4 Life Inc.
PO Box 282 Tunstall Square, East Doncaster Vic 3109

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