



Player Registration Form
Twilight "Nine & Dine"
Amputee Ambrose Golf Event
Friday November 18, 2011

Personal Details	
Name:	
Address:	
Contact Number:	
Email:	
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 _____
Golf Details	
Golf Club Member	<input type="checkbox"/> Yes <input type="checkbox"/> No Golf Club:
AGU Handicap	
Charges	
Twilight Nine & Dine	\$55.00 (includes golf, cart & bbq dinner)
Catering	
Special Requirements (please indicate)	

Signed

Date

\$ _____
Amount Enclosed

Registration to be completed and returned with full payment no later than: **8 November 2011**

Please make cheques or money orders payable to: **Limbs 4 Life PO Box 282 East Doncaster 3109**
 For EFT bank details please call the number below

Inquires: 1300 78 2231 or Email golf@limbs4life.com