

Legends Charity Pro-Am

February 26th, 27th & 28th

Entry Form

Team Name _____

Player 1 _____ Shirt Size _____ Handicap _____

Player 2 _____ Shirt Size _____ Handicap _____

Player 3 _____ Shirt Size _____ Handicap _____

Contact details for each team member.

Name _____

Address _____

Email _____ Phone # _____

Signature _____

Payment \$ _____

Credit Card Details

Visa, MasterCard, Amex, Diners. # _____ Expires / _____

Email to richard@pacificgolf.co.nz or Fax to 07 8649309

