



E N T R Y F O R M

Team Name:

Phone:

Contact Name:

Email Address:

Handicap
(if known)
Max 24

Name of Team Members

1

2

3

4

5

6

Please send your Entry Forms and Cheques made payable to **BDSC Classic** to:

BDSC Classic, C/- Sue Guest
11 Caldbeck Rise, Howick
Email: guest.who@xtra.co.nz

If you wish, payment can be made directly into our Bank Account:

ASB (Botany Branch)
Account No: 12-3040-0700750-00
(please use your team name as reference)

Please advise payment option when returning the Entry Form:

Cheque Attached Direct Credit to Bank Account

Please Note: All Entry Forms and Payments to be received by 31 October 2009