



PLAYER REGISTRATION 2019

for

REPRESENTATIVE AVAILABILITY

(Please Print)

Golf Otago (Inc)
P O Box 354
CROMWELL 9342
Phone (03) 445 0265
Mobile 027 227 8177
executiveofficer@golfotago.co.nz

Full Name _____

Home Club (where your handicap is maintained) _____

Handicap index _____ Membership No (7 digits) _____

Address _____

Present age _____ My birth date is _____

Please tick Senior Under 19 Masters

Landline Phone _____ Mobile _____

e-mail _____

I confirm I am available to play in Otago teams, as per the published list of Rep fixtures, if selected.

I understand that a "Player Contribution" will be payable for each representative fixture that I am selected for.

Signature _____ Date _____

Please return to
Executive Officer;
Golf Otago
P O Box 354
CROMWELL 9342
email executiveofficer@golfotago.co.nz

