

PLEASE FAX TO: 011 487 2227
OR E-MAIL LAUREN DICKS AT: dicks@stjohnscollege.co.za

1. PACKAGE(S) SELECTED – Please tick where applicable

1.	2.	3.	4.	5.
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2. IF PACKAGE 1, 2 OR 3 SELECTED, please indicate your hole preference:

1st choice _____ 2nd choice _____ 3rd choice _____

3. PLAYERS NAMES and HOME CLUBS (if Golfers)

Name	Home Club
A _____	_____
B _____	_____
C _____	_____
D _____	_____

4. Dinner Guest details

Contact Name: _____

Company Name (if applicable): _____

Contact Numbers: Cell: _____

Fax: _____

Business: _____

Email: _____

**I understand that the above entry will only be accepted when
proof of payment has been received by the organisers.**

Signed: _____ Date: _____