



The Balter Bolt



Registration Form

Team Name _____

Team Members

Player 1 _____ Golf Link No _____

Player 2 _____ Golf Link No _____

Player 3 _____ Golf Link No _____

Player 4 _____ Golf Link No _____

Team Captain _____ Phone _____

Email _____

Payment Details

Credit Card ____/____/____/____ Expiry ____/____ CVC _____

Specify Dietary Requirement

Email Registration

Email to: golfops@southportgolfclub.com.au

AT or AFTER 9am Friday 7 October 2022 – ‘first in best dressed’ (email time stamp).

