

## Kidney Health Australia Subaru Melbourne Golf Day Registration Form - March 2, 2012

**Attendee Details**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Persons Attending:**

Name	Handicap	Dinner (inc in price) Y/N	Special Dietary Reqs?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dinner Only Guests (If Applicable) Name	Special Dietary Reqs?
_____	_____
_____	_____
_____	_____

**Payment Details (GST inclusive)**

Item	Cost	No Req.	Total Cost
Team of 4 (inc lunch, dinner, drinks)	\$1650	_____	\$ _____
Hole Sponsorship (inc team of 4 package as above)	\$2530	_____	\$ _____
Individual (inc lunch, dinner, drinks)	\$484	_____	\$ _____
Dinner only	\$110	_____	\$ _____

I enclose (tick as appropriate)

 Cheque for \$ \_\_\_\_\_ (payable to Kidney Health Australia)

 Credit card details to debit amount of \$ \_\_\_\_\_

**Credit Card Details**

 Please debit  Amex  Visa  Mastercard

 Card Number                

Security Code \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Please return completed form and payment to Kidney Health Australia  
**Fax** 03 9686 7289, **Email:** Joshua.Donchi@kidney.org.au or  
**Post** to Golf Co-ordinator GPO Box 9993, Melbourne, VIC 3001