**Friday 24 APRIL 2020 Greenacres Golf Club**

#### Registration Form / Tax Invoice

 Date of Issue: 5 March 2020 ABN: 72 108 575 793

Please complete this form, attach payment and return it to:

**Plumbing Merchants Association**

**Email:** **pma@assocmanoz.com**

**GPO Box 4401 Melbourne Vic 3001**

**Phone: (03) 8637 4714**

**RSVP Date: Friday 3 April 2020**

|  |  |
| --- | --- |
| Company Name: |       |
| Contact Person |       |
| Email address |       |

**Attendees**

Please reserve       places for the following persons @$185.00 per person inclusive of GST

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Handicap** |  |  | **Handicap** |
| **Name:**  |       |       | **Name:** |       |       |
| **Name:** |       |       | **Name:** |       |       |
| **Name:** |       |       | **Name:** |       |       |

(\*For non ranked players a minimum handicap of 27 will apply)

Please reserve       places for lunch only @$65.00 per person inclusive of GST

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Name:**  |       | **Name:** |       |
| **Name:**  |       | **Name:** |       |

#### Payment Details

**(THIS DOCUMENT WILL SERVE AS A TAX INVOICE UPON PAYMENT)**

Please find the total payment of $       being for       people attending

**Cheque** Please make cheques payable to: “**The Plumbing Merchants association**”

**Credit Card**

|  |  |
| --- | --- |
| Card Type | : [ ]  Visa [ ]  MasterCard (Please select) |
| Name on Credit Card: |  |
| Card Number:  |       -       –       –       |
| Expiry Date: |       /       |
| Signature:  |  |

**EFT (please forward a remittance)**

**Account Name: Plumbing Merchants Association**

**BSB: 013 128 Account number 0087 70448**

|  |  |
| --- | --- |
|  |  Please tick if your require a tax invoice |