



# 2017

# GOLF DAY

GUEST HOST DOUG HAWKINS



## MONDAY 20 MARCH 2017

KEW GOLF CLUB

120 BELFORD RD EAST KEW

**HOLE SPONSORSHIP** \$995  
INCLUDES A GROUP OF 4 PLAYERS & SIGNAGE.  
NOTE: BANNERS MUST BE PROVIDED.

**MEMBERS** \$155  
**NON MEMBERS** \$165  
**GROUPS OF 4** \$660

(REGISTRATION INCLUDES PRESENTATION & DINNER)

REGISTRATION & REFRESHMENTS 11.00 AM  
PLAYERS BRIEFING 11.45 AM  
SHOTGUN START 12.00 PM  
PRESENTATION & DINNER 18.30 PM

COME ON YOUR OWN OR MAKE A TEAM OF 4.  
PROCEEDS OF THE DAY WILL BE DONATED  
TO **ASSISI CENTRE AGED CARE**

**ADDITIONAL SPONSOR PACKAGES ARE ALSO AVAILABLE.**  
CALL MIKE GIULIANO 0418 659 284 OR SILVANA TROIANI 0417 313 423.

PROCEEDS ON  
THE DAY GO TO



PROUDLY SPONSORED BY



# BRIGHTON

— JAGUAR & LAND ROVER —





## TOCCOLAN CLUB

PROUDLY SPONSORED BY  
BRIGHTON JAGUAR & LAND ROVER

# BOOKING FORM

I will be attending the Toccolan Golf Day. I acknowledge that payment must accompany this form for it to be a valid booking. Once purchased, bookings cannot be refunded within the last 7 days of the function.

Bookings & Payment can be made by calling  
Mike Glullano 0418 659 284, Email [mike@dtg.com.au](mailto:mike@dtg.com.au) or  
Silvana Troiani 0417 313 423, Email [stroiani@bigpond.net.au](mailto:stroiani@bigpond.net.au).  
Bookings close Friday 3, March 2017. Numbers are limited so book early.

## POLO TOP SPONSORSHIP AVAILABLE

CONTACT Mike Giuliano  
0418 659 284  
[mike@dtg.com.au](mailto:mike@dtg.com.au)  
**TO FIND OUT HOW.**



NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

PHONE \_\_\_\_\_

### TYPE OF BOOKING

MEMBERS \$155     NON MEMBERS \$165     HOLE SPONSORSHIP \$995

PLAYER 1 \_\_\_\_\_

HCP \_\_\_\_\_ Polo Top size(S-XXL): \_\_\_\_\_

PLAYER 2 \_\_\_\_\_

HCP \_\_\_\_\_ Polo Top size(S-XXL): \_\_\_\_\_

PLAYER 4 \_\_\_\_\_

HCP \_\_\_\_\_ Polo Top size(S-XXL): \_\_\_\_\_

PLAYER 4 \_\_\_\_\_

HCP \_\_\_\_\_ Polo Top size(S-XXL): \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

CHEQUE MADE PAYABLE TO THE TOCCOLAN CLUB FOR AMOUNT OF \$ \_\_\_\_\_

CREDIT CARD FOR AMOUNT OF \$ \_\_\_\_\_

CARD TYPE     VISA     MASTERCARD     BANKCARD

EXP DATE \_\_\_\_\_    CCV \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CARD NO   

ALL CREDIT CARD PAYMENTS INCLUDE A 2% SURCHARGE.

Please tick this box if invoice is required.