



Society for Underwater Technology Annual Golf Day

4 Ball Ambrose



Friday, 24 October 2014

Wembley Golf Course

Perth, Western Australia

Registration & Lunch: 11:30am - 12.15pm

Shotgun Start: 12:30pm



Photos courtesy of last years golf day

Diamond Sponsor



Subsea Engineering Associates

Platinum Sponsor

FMC Technologies

Gold/Drinks Sponsor



Gold/Shirt Sponsors



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Bronze Sponsor



Nearest Keg Sponsor



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Golf Ball Sponsors



Limited sponsorship opportunities are still available. For further information please contact Jennifer Maninin j.maninin@sut.org

Society for Underwater Technology

Golf Day 2014 Registration



WHEN: Friday, 24 October 2014

WHERE: Wembley Golf Course

TIME: Registration & Lunch: 11:30am - 12.15pm
Shotgun Start: 12:30pm
Post Game Drinks, BBQ & Prize giving: 5:00pm - 7.30pm

COST: Per person - \$180 inc GST

Individual and team places available. A team consists of 4 players. Individuals will be allocated a place on a team. The fee includes, green fees, cart, polo shirt, lunch, drinks & BBQ plus a free bucket of balls for practice on the driving range.

Registration must be received by 12 September 2014 and requires immediate payment to secure your place.

As this is a popular event early registration is recommended.

Please book me _____ team place/s or _____ individual place/s

Primary Contact Name : _____

Company _____

Tel No.: _____ Email: _____

Team Players:	Handicap (Men-Max 27,Ladies-Max 36)	Shirt size (Please circle)
_____	_____	S M L XL XXL
_____	_____	S M L XL XXL
_____	_____	S M L XL XXL
_____	_____	S M L XL XXL

**Please ensure you provide Handicap and Shirt Size along with Player Names
(shirt sizes must be confirmed by Monday 22nd September)**

Please email any special dietary requirement to perthevents@sut.org

Clubs available for hire by contacting Wembley Golf Course Pro Shop on (08) 6280 1303, two to three days prior to the event.

Method of Payment

Please e-mail details to perthevents@sut.org or fax the completed form to 61 (0) 8 9446 9905

Credit Card _____ (Visa, MasterCard or AMEX*) Cheque _____ Invoice (PO No.) _____

Credit Card No: Visa, MasterCard or AMEX*. _____/_____/_____/_____

* Payment by AMEX will carry a 2.75% surcharge

Exp. _____ / _____ Security no _____ (last 3 digits on the back of your card)

Name on the card _____

E-mail address where receipt to be sent for credit card payment _____

Amount to be charged \$ _____ Signature _____