

SAGTF COURSE RESERVATION FORM

(Please complete in neat block capitals)

Full Names and Surnames: _____

_____ ID No.: _____

I wish to attend the SAGTF / WGTF Level III residential course being conducted from: 15 –22 October 2011 which is priced @ ZAR 5550, 00.

Physical Address: _____

Postal Address: _____

Postal code: _____

Telephone (W): _____ Dialling Code: _____

Mobile Phone: _____ Tel (H): _____

Fax: _____ E-Mail: _____

Shirt Size (S, M, L, XL, XXL) _____

Date of Birth: _____ Occupation: _____

_____ Golf Handicap if amateur: _____

Please complete the following here below:

I, (Name and surname) _____

hereby acknowledge and accept the terms and conditions as set out herein this document.

Signature: _____ Date: _____

SAGTF BANKING DETAILS

Bank:	FNB Pretoria North
Branch Code:	251045
Account Name:	South African Golf Teachers Federation
Account Number:	62 11 4 88 63 70
Account Type:	Cheque
Address:	526 Rachel de Beer Street, Pretoria North, RSA
Bank Swift Code:	FIRNZAJJ