



Team & Player Registration

LEAGUE SEASON START DATE: _____

TEAM NAME: _____

PLAYER 1/MANAGER

Name: _____ Mobile #: _____
Email: _____ Age: _____

PLAYER 2

Name: _____ Mobile #: _____
Email: _____ Age: _____

PLAYER 3

Name: _____ Mobile #: _____
Email: _____ Age: _____

PLAYER 4

Name: _____ Mobile #: _____
Email: _____ Age: _____

To secure your booking complete and send this form with payment to minigolf@vines.com

PAYMENT DETAILS

Direct Credit

Please credit your deposit to: *'The Vines WA Pty Ltd' - BSB 036 000 - Account Number 256 430.*

Credit Card Payment - Please charge the following card and amount

Card Number _____ Expiry ____/____

Name on Card _____ CVC _____

Total to be charged _____

Signature _____

Cheque - Please find enclosed a cheque to cover full payment

Questions to be directed to Catherine Choules, Mini Golf Supervisor
by email minigolf@vines.com or phone (08) 9297 3000