

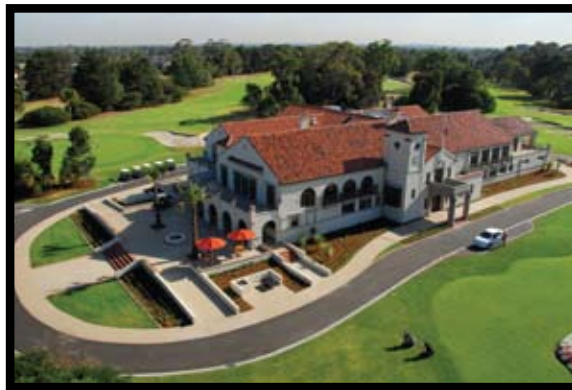


OPTOMETRISTS
ASSOCIATION AUSTRALIA
Victorian Division

**Annual Golf Day on Monday 15th March, 2010
The Yarra Yarra Golf Club**

In support of

OPTOMETRYGIVINGSIGHT



Total Package \$100, \$240 Value

For more information call **David Ludowyk 0418 517 879**
or visit **www.givingsight.org**

Gold Sponsor

HOYA

We Care For Your Eyes

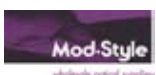
Silver Sponsors



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Bronze Sponsors



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ProVision

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RODENSTOCK

OAA VICTORIAN DIVISION GOLF DAY

OFFICIAL ENTRY FORM: Monday 15 March, 2010 at Yarra Yarra Golf Club

- \$100 per head includes Green Fees, light luncheon and evening dinner / or
- \$75 per head for evening dinner only

You may register as an individual or as a group. You don't need a handicap – all golfers welcome!

Player 1 (First Name).....(Surname).....
Address..... P'Code.....
Tel:..... Email (Essential).....
Home Club..... H'cap..... Golflink Number..... If no Registered Handicap, please tick
Affiliation (Essential): Optometrist Optical Industry Other.....

Is there someone else with whom you wish to be paired? Please state:

Player 2 (First Name).....(Surname).....
Address..... P'Code.....
Tel:..... Email (Essential).....
Home Club..... H'cap..... Golflink Number..... If no Registered Handicap, please tick
Affiliation (Essential): Optometrist Optical Industry Other.....

Player 3 (First Name).....(Surname).....
Address..... P'Code.....
Tel:..... Email (Essential).....
Home Club..... H'cap..... Golflink Number..... If no Registered Handicap, please tick
Affiliation (Essential): Optometrist Optical Industry Other.....

Player 4 (First Name).....(Surname).....
Address..... P'Code.....
Tel:..... Email (Essential).....
Home Club..... H'cap..... Golflink Number..... If no Registered Handicap, please tick
Affiliation (Essential): Optometrist Optical Industry Other.....

-----PAYMENT-----

TO: OAA VIC DIV. 28 DRUMMOND STREET, CARLTON VIC 3053

FROM: Name (print).....

RE: OAA Victoria Golf Day

- Enclosed is my cheque (made payable to the "OAA Vic Div Inc.") for: \$.....
- Please charge my: VISA Mastercard AMEX \$.....

Card No:.....

Expiry Date...../..... Cardholder's Name.....

Signature.....

Please enclose a self-addressed envelope if receipt is required.

DRESS CODE Attire should be commensurate with that expected of a prestigious golf club. No denim is permitted, shirts must have collars and be tucked in and golf shoes must be worn on the course - Smart Casual wear is permitted in the Dining Room.