

The Security Agents Institute of Western Australia

'The Professionals in Crime Prevention'

Security Agents Institute of Western Australia Jim King Corporate Golf Day



VENUE

Maylands Golf Club
Swan Bank Road
Maylands

You are invited to attend the SAIWA Golf Day on Friday 4TH November 12:00 Noon -6:30pm at the Maylands Golf Club.

The SAIWA Corporate Golf Day is a great event where businesses have an excellent opportunity to network.

What a better way to provide your staff with a 'team bonding' exercise, or reward your clients for their loyalty, or just to finish the week on a good note!!

Special prize for 'hole in one' – Toyota – to the value of \$45,000 - gotta be in it to win it!



Proudly Sponsored by Kalumunda Toyota

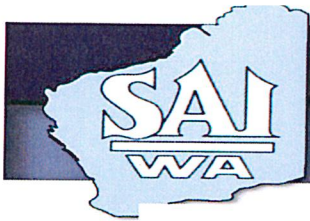
Lunch & Buffet Dinner provided & Trophy Presentation for the winning teams.

4th November 2016

Time: 12:00 Noon - 6:30pm

Venue: Maylands Golf Club, Swan Bank Road, Maylands.

Cost: \$143 (Inc.GST)



The Security Agents Institute of Western Australia

'The Professionals in Crime Prevention'

SAIWA Annual Jim King Corporate Golf Day

Friday, 4th November 2016 - Maylands Golf Course

Please complete this Official Entry Form and return it to the SAIWA

OFFICIAL ENTRY FORM / TAX INVOICE

ABN 50 975351 701

You may nominate your own groups of four or less per group, if you wish. The Committee will endeavour to keep groups or pairs as nominated. Payment should be included for all players shown on one form.

NOTE: INDIVIDUAL PLAYERS ARE WELCOMED!

Contact Name: _____ Company: _____

Email: _____

Ph: _____ Fax: _____

Postal Address: _____ PCode: _____

NAME OF TEAM:

Player Full Name	Company	\$

Dinner & Drinks Only (\$55 pp) Inc GST x _____ (persons)

PAYMENT DETAILS \$143 (inc GST) / Per Person

TOTAL AMOUNT (incl GST)

TICK IF SPONSOR

Cheque (to follow) Make payable to SAIWA, and post to PO Box 8463 Perth Business Ctr WA 6849

Direct Pay BSB: 016 460 ACCT NO. 423926083 (**REF: "your company name"**)
and email advice to: info@saiwa.asn.au

Credit Card Amount: \$ _____

Card No:

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Name on Card: _____ Expiry Date: ____ / ____ CSV: _____

Signature: _____

Please note payments must be made AT TIME OF REGISTRATION

For Further Information, please contact the SAIWA office-
P:(08) 98427 0814 F:(08) 9427 0815 Email: info@saiwa.asn.au