

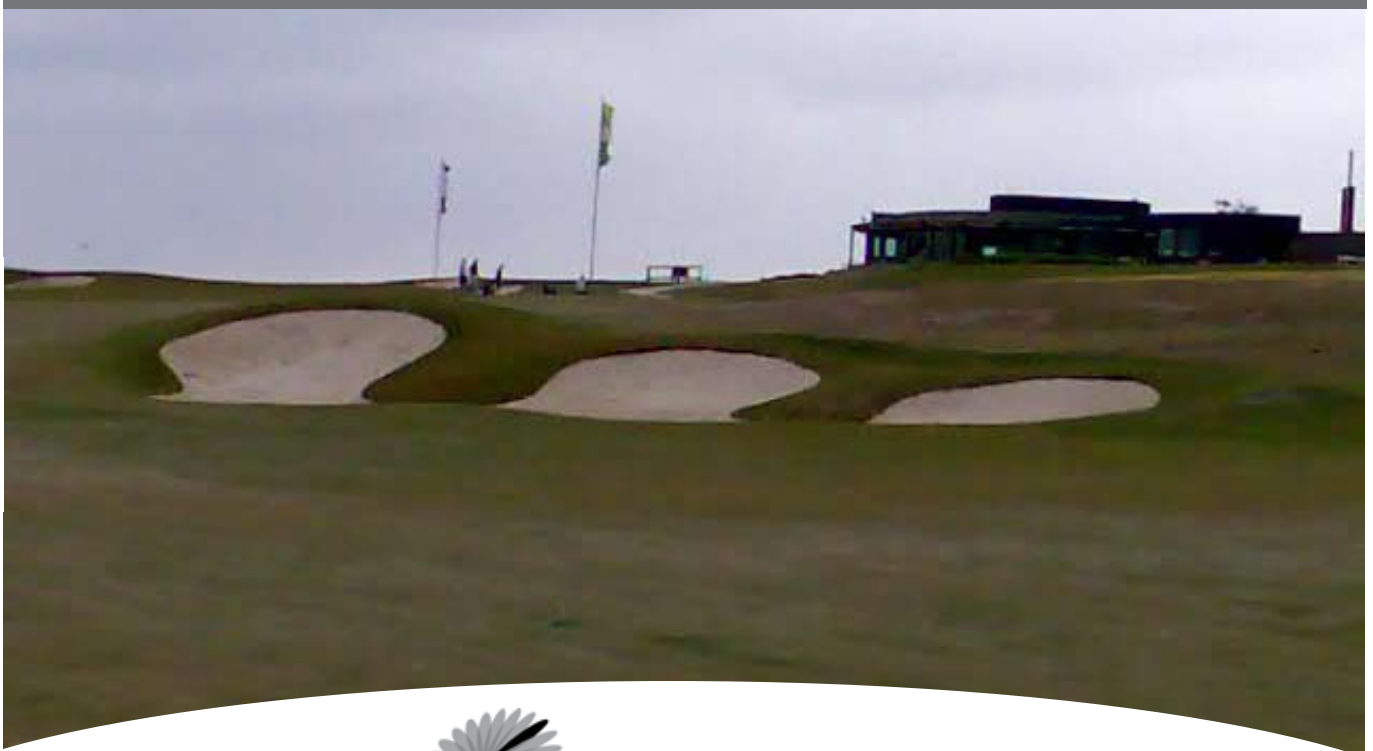
# Growling Frog Golf Day

Join us at the Growling Frog for a great day out  
and help raise funds for Down Syndrome Victoria's  
Educational Support Service

**Sunday 14th of March 2010**

Register by 7:00am for 7:30am shotgun start  
Growling Frog Golf Course  
910 Donnybrook Road, Yan Yean (Melway Map 9 Ref 2K)

- Includes
- Coffee, juice, croissants on arrival
  - 18 holes of golf, ambrose format
  - Drinks (alcoholic and non alcoholic) available all day
  - Buffet luncheon
  - Trophy presentation
  - Mini auction



for enquiries please contact Janene Trickey at [janene@dsav.asn.au](mailto:janene@dsav.asn.au) or phone

**1300 658 873**

**[www.downsyndromevictoria.org.au](http://www.downsyndromevictoria.org.au)**

# Registration Form

## Growling Frog Golf Day

Fundraiser for Down Syndrome Victoria's Educational Support Service

The Growling Frog Golf Course is the first golf course in Victoria designed by golfing legend and internationally renowned golf course architect, Graham Marsh.

Dress - neat casual, polo shirt, no metal spikes please. Golf carts, club hire etc available at own cost from the Pro Shop - phone 9716 3477.

Cost **\$120** per person

Includes parking; coffee, juice and croissants on arrival;  
18 holes of golf (ambrose style); buffet lunch;  
drinks all day; trophy presentation and mini auction.

Name	Email	Telephone	Handicap
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
Special dietary requirements	_____		
Number of tickets required	_____ @	\$120 =	\$ _____
Lunch only	_____ @	\$35 =	\$ _____
Donation	_____ =		\$ _____
		<b>Total</b>	\$ _____
Cheque (made payable to Down Syndrome Victoria)	<input type="checkbox"/>	MasterCard	<input type="checkbox"/> Visa <input type="checkbox"/>
Card Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Expiry Date	____/____	Name on card	_____
Signature	_____		

Keep this Tax Invoice as proof of credit card payment. ABN 59 901 963 154.

Please post or fax this registration form by 26th February 2010 to:

Down Syndrome Victoria

217 Napier Street Fitzroy 3065

Phone: 1300 658 873 Fax: (03) 9486 9601

Email: janene@dsav.asn.au