

# Guest Registration Form

To be read in conjunction with the WAGA Queenstown 2009 brochure that is displayed at [www.wagagolf.com](http://www.wagagolf.com)  
Please read the terms and conditions of the event prior to completing this form.



**QUEENSTOWN**  
New Zealand

02 to 06 November 2009

Please send this completed Registration Form and your cheque deposit or payment in full made payable to:-

**Armlass Promotions Pty Ltd**  
**PO Box 3712, Robina Town Centre QLD 4230,**  
**Australia**  
Fax: +61 7 5579 8069  
Email: [armlass@optusnet.com.au](mailto:armlass@optusnet.com.au) or [brian@wagagolf.com](mailto:brian@wagagolf.com)  
[www.wagagolf.com](http://www.wagagolf.com)

## TERMS AND CONDITIONS

**Payment:- A non-transferable deposit of \$100NZD per person is required to secure participation at this event. Final payment must be received by 2nd August, 2009.**

All payments must be in New Zealand Dollars (NZD). Payments made in other currencies may attract a bank fee for conversion to NZD. Any such fee will be deducted from your deposit/final payment. WAGA accept Visa, Mastercard, Diners Club and American Express but all such transactions incur a bank fee which may be as high as 5%.

**Cancellation Fees:** Prior to 2nd August, 2009, a fee of \$75NZD per registration will apply. After this date, the following cancellation fees will apply to cover administration costs and contracted commitments.

Aug 2 – Aug 23 2009: 25% of total payment  
Aug 24 – Sept 14 2009: 50% of total payment  
Sept 15 – Oct 19 2009: 75% of total payment  
Oct 20 – Nov 2 2009: All Fees paid

No Show - total payment forfeited

WAGA recommend that guests purchase travel insurance to cover cancellation fees and loss of non-refundable deposits.

WAGA will endeavour to place applicants with same sex room-mates. If this is not possible, the single supplement must be paid.

First Guest: Mr / Mrs / Ms / Miss / Other (please circle)

Second Guest: Mr / Mrs / Ms / Miss / Other (please circle)

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

I am a: GOLFER NON GOLFER (please circle)

I am a: GOLFER NON GOLFER (please circle)

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please detail any special requirements: \_\_\_\_\_

Please detail any special requirements: \_\_\_\_\_

Queenstown, 2nd Nov - 6 Nov 2009	No. of guests	per person	TOTAL
A. Golfer		@ 995NZD*	
B. Non-golfer		@ 875NZD*	
C. Single Supplement		@ 280NZD	

\* Twin Share

**TOTAL PACKAGE PAYABLE \$NZD**

Shirt sizes; please circle (If payment in full is received by 2nd May, a complimentary Sports Leisure polo shirt will be provided by WAGA).

<b>MENS:</b>	S	M	L	XL	XXL	<b>LADIES:</b>	8	10	12	14	16
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Having authority to do so, I agree on behalf of all persons named in this reservation form to be bound by the Terms and Conditions above, which I have read.

I hereby acknowledge and agree to the limitations and conditions of all tournament rules and schedule of events.

I also hereby, for myself, my heirs, executors and administrators, waive and release Armlass Promotions Pty Ltd, its directors and staff or their respective agents, volunteer workers, sponsors, representatives, successors and assigns of liability for any and all injuries, loss or damages which may be suffered by me/us in connection with my/our participation in the tournament.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_