



GEOFF OGILVY FOUNDATION

GEOFF OGILVY FOUNDATION
Level 21 ,
357 COLLINS ST
MELBOURNE,
VICTORIA, 3000

Contact@GeoffOgilvyFoundation.Org

Professional Registration

First Name : _____

Surname : _____

PGA Member Number : _____

Other Affiliation : _____

Phone Number : _____

Email : _____

Social Media : _____

*Please complete **one** payment method - Payment : \$500 AUD*

Credit Card Number : _____

Expiry (MM/YY) : ____ / ____ CCV: _____

Card Type (please circle) : MasterCard / VISA / Other _____

Or

Bank Name : _____

BSB : _____ Account Number : _____

Social Media : _____

Please follow @GeoffOgilvyFoundation on Instagram so we can verify your account.

Thank you for committing to play in our Gen Z Series event. As part of your participation, we would appreciate that you post your involvement on all your social media accounts and that you approve the use of your image rights being disseminated and distributed via all of our social media outlets.

Play well and assist us in discovering our next superstar.

Signature : _____

Date : _____