



Please fax completed questionnaire to Julie at 02 9774 5672
or Scan and email to juliekillen@ozprize.com.au

OZPRIZE HOLE IN ONE PRIZE INSURANCE -QUOTATION REQUEST FORM

INSURED NAME: _____

ADDRESS: _____ PC: _____

TELEPHONE & EMAIL: _____

EVENT NAME: _____

DATE(S) OF EVENT: _____

EVENT VENUE: _____

VENUE ADDRESS: _____

HOLE NUMBER: _____

DISTANCE FROM TEE TO FLAG STICK: MEN: _____ LADIES: _____

NUMBER OF AMATEUR MENS ATTEMPTS: _____

NUMBER OF AMATEUR LADIES ATTEMPTS: _____

NUMBER OF PROFESSIONAL ATTEMPTS: _____

PRIZE VALUE & DESCRIPTION: _____

COMMENTS OR SPECIAL REQUESTS: _____

Thank you for your enquiry, I will revert to you shortly with our QUOTATION and terms. JK

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