



GOLF DAY

— 2026 —

Register to play!

July
17

Wednesday 9 September



Victoria Golf Club, Cheltenham



7 am registration | 8 am shotgun start



Ambrose Format

**Join us for a premium day of golf,
connection and impact.**

Enjoy 18 holes at one of Melbourne's most prestigious courses, with breakfast, lunch, on-course refreshments and competitions throughout the day.

All funds raised support people with life-limiting illness to live well.

Complete and return this form to:
community.relations@calvarycare.org.au

Ticket includes breakfast, lunch and golf

1. Individual — \$550 *\$450 Earlybird before 31 July
2. Team of 4 — \$1,870 *\$1650 Earlybird
3. VGC Member Individual — \$320 *\$250 Earlybird
4. VGC Member Team — \$1,200 *\$1000 Earlybird

Sponsorship Opportunities

- Major Sponsor — \$12,000
- Support Sponsor — \$6,000
- Hole Sponsor — \$2,850 (Early bird \$2,400 before 31 July)
- Drinks Cart Sponsor — \$4,000
- Prize Sponsor — \$2,850

To sponsor or refer a contact:

community.relations@calvarycare.org.au

(Please do not finalise payment if you are sponsoring,
a separate Invoice will be prepared for you)



Calvary

Kooyong Precinct
Health Care Bethlehem

Calvary Bethlehem Golf Day 2026

A premium day of golf, connection and impact

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Where: Victoria Golf Club, Cheltenham

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Format: Ambrose

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- | | |
|--|----------|
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| 4. VGC Member Team — \$1,200 - <i>*early bird before 31 July</i> \$1000 | \$ _____ |
| 5. Golf Carts \$80 (Max 2) | \$ _____ |

TOTAL: \$

PRIMARY CONTACT DETAILS	
Organisation	
Contact name	
Address	Street: City/Suburb: State: Postcode:
Phone / Mobile	
Email	

Player	Name	Contact number	Golf Link Number	VGC Member
#1				☐
#2				☐
#3				☐
#4				☐

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PAYMENT DETAILS	
• Payment is required prior to the event. • EFT preferred. • No refunds within 7 days of the event. • Full refunds available up to 7 days prior. • Calvary Health Care Bethlehem collects your information to manage your participation in this event and keep you informed about relevant activities. You can unsubscribe at any time.	
Bank Transfer	Calvary Health Care Bethlehem BSB: 063128 Account No: 00800131 Reference: <Company/Primary Contact Name> + <event date>
Credit Card	Card Number: Expiry: Name on Card: Signature: