

WOMEN'S CHARITY DAY

WEDNESDAY 25 SEPTEMBER 2019



CANADIAN FOURSOMES STABLEFORD PLAYED IN FOURS

\$75 per person includes golf, morning tea and lunch

(Payment is required with entry, no refunds given for cancellation)

PRIZES

- Winners, 2nd, 3rd, 4th and 5th
- Longest Drives, in different divisions
- Nearest the Pins, in different divisions

CONDITIONS OF PLAY

- Players without an official handicap play off a maximum handicap of 27
- Players are requested to check in 20 minutes prior to their tee time
- Play is from 1st and 10th tees from 8:00am
- All ties will be decided on a count-back according to GA rules

DRESS REGULATIONS

Appropriate golf attire, including footwear (no metal spikes) may be worn on the course and in the Clubhouse.

CARTS

Book through the Golf Shop 9384 5823

ENTRIES CLOSE WEDNESDAY 18 SEPTEMBER 2019

Final Draw will be emailed to clubs by Friday 20 September 2019 and will be available on the Cottesloe Golf Club website www.cottesloegc.com (click on Guests).

COMPLETE AND RETURN ENTRY FORM TO:

Charity Day, Cottesloe Golf Club, PO Box 2512 Mt Claremont WA 6010

Email: reception@cottesloegc.com or Fax: (08) 9383 2211

Enquiries: Lynne Malone 0419 860 432



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GOLF ENTRY FORM

Note: Entries are to be made with this form.

Please complete the following in BLOCK LETTERS and return with payment to Cottesloe Golf Club **by Wednesday 18 September 2019**. See lodgement details on information form.

PLAYER DETAILS:

Given name: _____ Surname: _____

Home Club: _____

Email: _____ Phone: _____

PAYMENT: (TO BE MADE WITH ENTRY)

Number of entries: _____ @\$75.00 per person = TOTAL: \$ _____

PAYMENT METHOD: (PLEASE SELECT ONE OPTION)

Bank transfer

Cheque

NAME: CGC Women's General Committee
BSB: 066 103 ACCOUNT: 1032 1553
REF: Surname and number of registrations (eg. Brown x 4 Golf)

Payable to "CGC Women's General Committee"

Entries to be made in twos or fours with play on the day in groups of four.
If players are from different clubs please indicate in the table below

PLAYER'S FULL NAME	CLUB	GOLFLINK #	PARTNER'S FULL NAME	CLUB	GOLFLINK #
PAIR 1					
PAIR 2					

DO YOU WISH TO PLAY AS A FOUR. YES NO

PLEASE ADVISE ANY DIETARY REQUIREMENTS:
