



2012 VICTOR HARBOR CLASSIC – MEN’S & JUNIOR’S ENTRY FORM

ONE ENTRY FORM PER PERSON – PLEASE PRINT CLEARLY

MR/DR (Surname) _____ Preferred first name _____

ADDRESS _____

SUBURB _____ POSTCODE _____

CONTACT PHONE NO: _____ (M) _____

EMAIL _____ JUNIORS D.O.B. _____

GOLFLINK NO:

CLUB _____ HANDICAP: _____

MENS EVENT “C” (A, B, C & MALE & FEMALE JUNIOR GRADES)

SATURDAY 29th September 9:00am SHOTGUN START

SUNDAY 30th September 9:00am SHOTGUN START

	VISITOR	MEMBER
A & B Grade 36 Hole Championship Stroke	<input type="text"/>	<input type="text"/>
A & B Grade 36 Hole Handicap Stroke		
C Grade 36 Hole Stableford		
A & B Grade 18 Hole Handicap Stroke – Sat & Sun	\$50.00	\$25.00
C Grade 18 Hole Stableford		

JUNIORS (male/female) 36 Hole Junior Championship Open Event

JUNIORS MUST NOMINATE FOR EITHER 36 HOLE JUNIOR CHAMPIONSHIP OR OPEN EVENT

Preferred playing partners

.....
.....
.....

SATURDAY ONLY

9:00am SHOTGUN START

	VISITOR	MEMBER
A & B Grade 18 Hole Handicap Stroke	<input type="text"/>	<input type="text"/>
C Grade 18 Hole Stableford		
Juniors – 18 Hole Stroke	\$30.00	\$15.00

SUNDAY ONLY

9:00 am SHOTGUN START

	VISITOR	MEMBER
A & B Grade 18 Hole Handicap Stroke	<input type="text"/>	<input type="text"/>
C Grade 18 Hole Stableford		
Juniors – 18 Hole Stroke	\$30.00	\$15.00

MIXED EVENT “D” - 9.00 am SHOTGUN START

MONDAY 1st October

	VISITOR	MEMBER
18 Hole Mixed Canadian Foursomes Championship	<input type="text"/>	<input type="text"/>
A, B & C Grades Handicap		
Playing Partner:.....	\$20.00	\$10.00

Partner’s Club:.....

Partner’s Handicap:.....

TOTAL PAYMENT \$ _____



SEE OVER PAGE FOR PAYMENT DETAILS

PAYMENT DETAILS

NO ENTRY ACCEPTED WITHOUT PAYMENT OF ENTRANCE FEE OR GOLF LINK NUMBER SUPPLIED

TOTAL ENCLOSED \$..... CHEQUE / MONEY ORDER

Entries close Friday 14th of September 2012 or when field capacity is reached

Send to

Manager
Victor Harbor Golf Club Inc
PO Box 925
Victor Harbor SA 5211

Phone: 08 8552 2030 Fax: 08 8552 5297

Email: admin@vhgolf.com.au
www.vhgolf.com.au

CREDIT CARD DETAILS

Mastercard/Visa

AMERICAN EXPRESS NOT ACCEPTED

Card No: _____

Card Expiry Date: ____ / ____

Name of Cardholder: _____ Signature: _____

One Entry Form per person please – photocopies acceptable