



2014 NEW SOUTH WALES CUP

Saturday 15 February 2014 Golf NSW Vardon Trophy Event

EVENT: NSW Cup – 36 Holes Scratch Stroke.
36 Hole Net and 18 Hole Scratch (AM and PM) in conjunction.

Note: In the event of a tied score, a four hole play off will be conducted within thirty minutes of the last finisher, using holes 1st, 2nd, 10th and 18th. If scores still tied then sudden death, repeating order of holes.

ELIGIBILITY: Members of affiliated Clubs on handicaps not exceeding 4
Members of NSW Golf Club on handicaps not exceeding 5

ENTRY FEE: \$75 (incl GST) payable with entry form

ENTRIES CLOSE: Monday, 10 FEBRUARY 2014 at 5:00pm

CONDITIONS and OTHER INFORMATION

- The information on this Entry Form and other printed information form part of the event conditions. The full conditions of the event will be provided to competitors on the day.
- **Entries will not be accepted unless accompanied by the Entry Fee and either a) a valid Golfink Number or b) Handicap Record Sheet authorised by the Secretary/Manager of the player's home Club.**
- **No refunds to players once the draw is published.**
- **If players are a no show or fail to commence the 2nd 18 holes they will be excluded for the following year unless a valid reason is provided on the day of play.**
- Tee Times will be available from Wednesday, 13 February 9:00am and posted under the Guest's section of the NSW Golf Club web site: www.nswgolfclub.com.au/guests/golf/tournaments.mhtml
- NSW Golf Club reserves the right to accept any entry and to ballot out higher handicaps should entries exceed the number of players that can be fielded.

Strict Dress Regulations Apply – See Website

Entries to: Brett Folkes - Golf Manager
NSW Golf Club P.O. Box 28, Matraville NSW 2036 | Fax: 9311 3792 | brett@nswgolfclub.com.au

New South Wales Golf Club Co Ltd
A.B.N. 18 000 016 311

On completion and acceptance into the draw, this entry form becomes a valid tax invoice

TAX INVOICE

Surname		Preferred Name	
Address			
			Post Code
Phone		Email	
Home Club		Golf Link No.	Preferred Starting Time (between 7:00am & 8:30am)
Exact Handicap			

Method of Payment (please tick selected option and complete credit card details if applicable)

Accepted Credit Cards

Visa Mastercard Bank Card Cheque

Card Number

Expiry Date

Amount: \$

Cardholder's Name:..... Signature.....