

## **Results form for Statewide Events**

This form should be completed by the Club Handicap Manager and returned to the Golf SA office by **Friday 8<sup>th</sup> August 2014**. All clubs must retain winning cards for each division or a photocopy of same. Only in the event of a tie will Golf SA require the winning cards for either division to be forwarded for countback purposes. In this instance, Golf SA will contact the relevant clubs to obtain cards.

Surname:

Surname:

Surname:

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Note that sc 2014.	ores are not eligible for	Statewide competitions if entry t	fees are not	receive	d at the	Golf SA	office by Fri	day 8 <sup>th</sup> August	
Before comp	eting this form, please re	fer to the 2014 Conditions of Play f	or regulation	s concer	ning Sta	tewide E	vents.		
Please provi	de contact details if fur	ther information is required:							
Club Name:									
Name:				Position:					
Phone: Email:			Mobile: _						
EIIIaII									
International Bowl Competition  Silver Division (GA handicap to 18.4) **players to play off Daily Handicap to 18.4) **players to players to pl			lican	Ne Sc		Scratch Rating	DSR (Daily Scratch	Date played	
Oliver Divisio	players to play on Barry Harrareap						Rating)		
Winner:	First name:	Surname:							
	address:								
Runner-up:	First name:	Surname:							
	address:								
Bronze Divis	ion (GA handicap 18.5	to 45.4) **players to play off Dail	y Handicap						
Winner:	First name:	Surname:							
	address:								
Runner-up:	First name:	Surname:							
	address:								
Shylie Rymill Foursomes  **players to play off Daily Handicap			GA H/cap	Daily H/cap	Net Score	Scratch Rating	Date Played		
Winners:	First name:	Surname:		., <sub>1</sub>	.,				
					l	_	1		



First name:

First name:

First name:

Runners-up: