WESTERN DISTRICTS LADIES GOLF ASSOCIATION Inc.

AMATEUR OPEN CHAMPIONSHIP MEETING – Mudgee Golf Club

FOURSOMES ENTRY FORM ENTRIES CLOSE 10th APRIL 2015

**HANDICAPS - ½ COMBINED DAILY HANDICAP**  *BLOCK ENTRY INCLUDES FOURSOMES*

(**FOURSOMES** **ONLY ENTRY** - ($15 per person) **PLEASE INDICATE IF PLAYING IN CARTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME Player**  Please Print | GA **H’CAP** | **NAME** **Partner**  Please Print | GA  **H’CAP** | **Have**  **booked**  **CART**  **Y / N** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please make cheques payable to WDLGA **TOTAL $\_\_\_\_\_\_\_\_\_\_\_**

CLUB: **Post to**:

SECRETARY: **WDLGA Secretary.**

**Robyn Newey**,

# Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8/18 Warrendine St.,

To receive draw **Orange NSW 2800**

**Exclusion of Liability**

I am aware that, as with any sporting event, there is a risk that I may suffer personal injury as a result of my participation in this event. I agree that, in consideration of being permitted to participate in this event by WDLGA, I will not hold WDLGA, or its employees, servants or agents, liable for any personal injury however caused whether due to any act of negligence, breach of duty, default or omission on the part of WDLGA, or its employees, servants or agents, or otherwise.

**Standard Conditions of Play/Code of Conduct**

I acknowledge that I have read, and agree to abide by, the Golf NSW Standard Conditions of Play and Code of Conduct as published on the Golf NSW web site [www.golfnsw.org](http://www.golfnsw.org) and available at all affiliated Clubs.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Secretary may sign on behalf of all players but must advise players of this clause)***