

**CHAMPION OF CHAMPIONS** 

## DALTON CUP

PLAYED IN CONJUNCTION WITH THE GRANGE VARDON 36 HOLES – NON HANIDCAP STROKE PLAY – WEST COURSE SUNDAY 31<sup>ST</sup> JULY 2016

Conditions of Play:

- 1. OPEN TO ALL CLUB CHAMPIONS OF GOLF CLUBS AFFILIATED WITH THE GOLF SA.
- 2. COMPETITORS MUST HAVE A GA HANDICAP OF 10 OR LESS ON THE DATE ENTRIES CLOSE AND THE COMMITTEE OF THE GRANGE GOLF CLUB INC. RESERVES THE RIGHT TO LIMIT THE NUMBER OF ENTRIES ACCEPTED.
- 3. THE EVENT WILL BE CONDUCTED AND CONTROLLED BY THE MATCH COMMITTEE OF THE GRANGE GOLF CLUB INC. WHO WILL MAKE ALL PLAYING ARRANGEMENTS AND WILL APPOINT A REFEREE. IN THE CASE OF A DISPUTE OR PROTEST, THIS MUST BE LODGED IN WRITING WITH THE MATCH COMMITTEE BEFORE 6.00 PM ON THE DAY OF PLAY.
- 4. IN THE EVENT OF A TIE, A SUDDEN DEATH PLAY OFF WILL TAKE PLACE (UNLESS THE MATCH COMMITTEE OTHERWISE DETERMINE).
- 5. COMPETITORS MUST START AT THE APPOINTED TIME RULE 6 (3) APPLIES.
- 6. THE RULES GOVERNING THIS EVENT SHALL BE THE RULES OF GOLF AS ADOPTED BY THE R&A RULES LTD TOGETHER WITH ANY SUCH RULES (LOCAL) AS ARE IN FORCE BY THE GRANGE GOLF CLUB INC. ON THE DAY OF PLAY.
- 7. COMPETITORS WILL BE MADE HONORARY MEMBERS OF THE GRANGE GOLF CLUB INC. ON THE DAY OF PLAY.
- 8. THE USE OF MOTORIZED BUGGIES IS <u>NOT PERMITTED</u> IN THE CHAMPIONSHIP EVENT. METAL GOLF CLUB SPIKES ARE BANNED AT THE GRANGE GOLF CLUB.
- 9. NOMINATIONS FOR THE EVENT WILL ONLY BE ACCEPTED ON THE ATTACHED ENTRY FORM.
- 10. TEE TIMES WILL BE AVAILABLE FROM SATURDAY 23RD JULY 2016 ON THE GRANGE GOLF CLUB WEBSITE WWW.GRANGEGOLF.COM.AU

×.....

## **ENTRY FORM - CHAMPION OF CHAMPIONS - DALTON CUP**

ENTRIES ARE TO BE RETURNED WITH \$55.00 ENTRANCE FEE (INCLUDES LUNCH) BY 5.00PM FRIDAY 22<sup>ND</sup> JULY 2016

TO:	THE GENERAL MANAGER THE GRANGE GOLF CLUB INC. PO BOX 7462, WEST LAKES 5021	erin@grangegolf.com.au Fax – 8355 7199
NAME:		GOLFLINK #:
HOME CLUB:		GA HANDICAP:
EMAIL	Email address:	
CONT	ACT NUMBER:	
		CREDIT CARD PAYMENT
	Name on Credit Card :	
	Card Type:	🗌 Bankcard 🔛 MasterCard 🔛 Visa
	Card Number:	
	Expiry Date:	

I authorise The Grange Golf Club Incorporated to debit my Credit Card, the details of which are shown above.

Account Holders Signature:

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