

2017 MULPHA CASTLE HILL COUNTRY CLUB

LADIES PROFESSIONAL PRO-AM

DATE: Tuesday 17th January, 2017

LO CATION: Castle Hill Country Club, Spurway Drive, Baulkham Hills

DON'T MISS THIS GREAT EVENT!

Professional Prize Purse of over \$25,000!

60 Professionals will "tee it up" alongside you!

Don't miss this great opportunity to see and play against the TOP LADY GOLFERS playing at Castle Hill Country Club.

MONDAY, 16TH JANUARY 2017

Opening Event

5:00pm Lady Professional Shoot-out, 4th Hole N-T-P

6:00pm - 7:30pm Opening Cocktail Function - including Player Interviews

TUESDAY, 17TH JANUARY 2017

AM Field Lady Professional & Lady Members Pro-Am

6:00am Registration & Light Breakfast

7:00am Shotgun start

1:00pm Prize Presentation, Player Interviews & Lunch

PM Field Lady Professional & Sponsors/Members Pro-Am

12:00pm Registration & Light Lunch

1:00pm Shotgun start

6:30pm Cocktail Party & Prize Presentation (Dress : smart casual)

Book now by contacting Karen Ph: 02 9894 4155 email: golfoffice@chcc.com.au

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ENTRY FORM

	Monday, 16th January 2017 6:00pm Opening Cocktail Function Lady Professional Shoot-Out, commencing 5:00pm, Cocktail 6:00-7:30pm Canapes & Beverages Members \$40/ Non Members \$50		
	Tuesday, 17th January 2017 7:00am Shotgun Members/Lady Members & Junior Members Pro-Am (Visitors Welcome) Members/Lady Members \$60, Non Members \$85, Junior Members \$40 includes light breakfast, golf, cart, play with a ALPG professional, prizes, post golf lunch & drinks		
Tuesday, 17th January 2017 1:00pm Shotgun Members/Lady Members & Sponsors Pro-Am (Visitors Welcome) Members/Lady Members \$85, Non Members \$110, Junior Members \$45 includes light lunch, golf, cart, play with a ALPG professional, prizes, post golf presentations, canapes & drinks. Please return entry form together with fees to: Castle Hill Country Club Ladies Professional Pro-Am, Castle Hill Country Club, PO Box 6767, Baulkham Hills, 2153. Telephone: 9894 4155 Fax: 9899 5086 Email: golfoffice@chcc.com.au			
NAME	MOBILE GOLFLINI	K NO.	HANDICAP
Total Paid:			
CARD TYPE (Please TICK): Mastercard Visa Card AMOUNT:			
	E	XP:	
CARDH	LDER NAME: SIGNATURE:		





