



# Tanunda Pines Golf Club

## MENS, JUNIOR, WOMENS VARDON TROPHY EVENT

18 HOLE STROKE

### SUNDAY 26<sup>th</sup> February 2017

#### CONDITIONS:

1. Open to Male Amateurs whose G.A. Handicap does not exceed 5.4; Juniors whose G.A. Handicap does not exceed 10.4 (*Juniors must be under 18 years of age on the 13<sup>th</sup> April 2017*), and Female Amateurs whose GA Handicap does not exceed 15.4
2. Entry only accepted with the **\$25 Entry Fee: entries without payment will not be accepted.** No refunds unless notification of withdrawal is received by Friday 24<sup>th</sup> February 2017 at 5pm.
3. Light Lunch after golf provided for all players (caddies at own expense).
4. Conditions of Play will be posted on the Notice Board on the day of the event.
5. Entries close on Wednesday 22<sup>nd</sup> February 2017 at 5pm: 9am Shotgun Start. Draw will be available on the Clubs Website <http://www.tanundapines.com.au/> on Thursday 23<sup>rd</sup> February
6. Heat Policy: In the interest of player safety it is recommended that players exercise caution during extreme temperature conditions. However the Club has a policy, which states that is the forecast temperature of the day, as advised by the Bureau of Meteorology at 9am, is 40 degrees or higher, the event, at the discretion of the Golf Manager, maybe abandoned.
7. Practice Rounds: Monday 20<sup>nd</sup> to Friday 24<sup>th</sup> February 2017 at a **Green Fee of \$20** – *Bookings Essential*

**Post Entries to:-** Tanunda Pines Golf Club  
PO Box 19, TANUNDA, SA, 5352

fax 08 8563 1211, or email: [proshop@tanundapines.com.au](mailto:proshop@tanundapines.com.au)  
Enquiries welcome ph: 8563 1200

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TPGC VARDON

Male \_\_\_\_\_ Junior \_\_\_\_\_ (Birth Date) \_\_\_\_\_ Ladies \_\_\_\_\_

Name: \_\_\_\_\_ Golf Link No: \_\_\_\_\_

Home Club: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Competitor's Signature: \_\_\_\_\_ G.A. Handicap \_\_\_\_\_

**PAYMENT:** cheque/Visa/MasterCard (please indicate)

Card Number \_\_\_\_\_

Card holder's name \_\_\_\_\_ Card Expiry Date \_\_\_/\_\_\_ CCV \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Office Use:

Date Received \_\_\_\_\_ by \_\_\_\_\_