

2017 Cardinia Beaconhills Open

The 36 Hole Cardinia Beaconhills Open,
carries Ivo Whitton Status

Saturday 25 November 2017

Entry Fee: \$60

The following events shall be played for over 36 holes:-

- Beaconhills Open – Winner
- Beaconhills Open – Runner-Up
- Beaconhills Open – Nett Winner
- Beaconhills Open – Nett Runner-Up
- Best AM and PM Gross and Nett winners
- Nearest to the Pin comp (prizes to be won!)



Handicap limit 12 & Open to all male golfers with GA handicaps

BONUS! FREE Brekkie Egg and Bacon Roll for every competitor before teeing off and **hot lunch included** in the entry fee for all competitors.

CONDITIONS:

1. Entry Fee (\$60.00) must be paid at time of entry.
2. Entries must be received by the Club Manager, Cardinia Beaconhills Golf Links, PO Box 412, Upper Beaconsfield 3808, no later than 5.00pm Thursday 16 November 2017.
3. The Match Committee has entire management of the competition.
5. Competition shall be played in accordance with the rules of golf as adopted by the Royal and Ancient Club of St. Andrews, Scotland, together with such local rules as are in force on the links over which the competition takes place. If a dispute arises on any point, it shall be decided by the Committee in charge of the competition, whose decision will be final.
6. Players must report to the pro shop ten minutes before the notified time of starting and the Committee, or such person as it may authorise to do so, may disqualify or permit any competitor who is not ready to start at the appointed time, to start at a later time.
7. A tie in any Nett event shall be decided by count-back in the manner recommended by the Golf Victoria except in the major Scratch Events which shall be decided over holes set down by the Committee.
8. No player is eligible to win more than one trophy or event excluding nearest the pin
9. Tee off in the morning from 7am. Timing will be advised with the draw.



ENTRY FORM

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COMPETITOR

Name: _____

Mobile: _____ Home Club: _____

Golf Link Number: _____ Handicap: _____

Email Address: _____

CREDIT CARD DETAILS

Card Type (Please Tick) VISA MASTERCARD

I authorize Beaconhills Country Golf Club to debit my card for \$ _____

Cardholders Name: _____

Signature: _____

Card Number: _____ Expiry Date ____ / ____

CCV: _____

ENTRIES CLOSE: 5pm Thursday 16 November 2017

Please note: Payment required before entries close

This completed entry form with the entry fee must be returned to:

Club Manager

Cardinia Beaconhills Golf Links

P.O. Box 412, Upper Beaconsfield Vic 3808

Phone: 5945 9210 Fax: 5945 9240

Scanned form to: info@beaconhillsgolf.com.au

Closing Date: 5.00pm Thursday 16 November 2017