



WOMEN'S SILVER CUP

A JEAN DERRIN EVENT

Monday 19th February 2018
18 Holes Stroke Event

CONDITIONS of PLAY

1. The event is open to all women golfers with a current Golf Australia handicap of plus to 20.0.
2. A player may win both events: NSW Silver Cup (scratch) & NSW Silver Cup (nett).
3. In the event of a tie both names to be bracketed on the Cup & prize vouchers divided equally.
4. In the event of a three way tie there will be a sudden death playoff over holes 1 & 2 repeated until a result.
5. Entries will be accepted in date order.
6. Motorised transport is permitted provided the player has a current medical certificate issued within the preceding 12 months. Copy must be attached to entry form.
7. Caddies are permitted.
8. Disputes shall be settled by the Match Committee on the day and their decision will be final.
9. Late Entries – may be accepted if tee times are available.
10. Any eligible player whose Golf Australia handicap increases beyond maximum allowed (20.0) after close of entry will be permitted to play but will be ineligible to win.
11. Distance Measuring Devices as per Local Rule.
12. No refunds after closing date except with medical certificate.

DRESS REGULATIONS: Can be checked on www.nswgolfclub.com.au

ENTRIES: Entries close **Thursday 8th February, 2018**

ENTRY FEE: \$40.00 per player, \$25.00 for Juniors (U18 years).

SEND ENTRIES TO: PO Box 28 MATRAVILLE NSW 2036

Fax: 9311 3792

Email: ladies@nswgolfclub.com.au

DRAW AVAILABLE: From 13th February, 2018

<http://www.nswgolfclub.com.au/guests/golf/tournaments.mhtml>

First Name _____ Surname _____

Postal address _____ Postcode _____

Home Club: _____ GA Hcp: _____ GolfLink#: _____

Contact phone #: _____ Email: _____

Date of Birth (Under 18 only): _____

Method of Payment (please circle selected option and complete credit card details if applicable). Payment must accompany the entry form.

Cheque: (Cheques payable to NSW Golf Club Lady Members Section)

EFT/Internet: BSB: 062148 Account: 10366390 Reference: (Quote your Surname) Date Paid: _____

Credit Card: (Visa or MasterCard only):

Card Number: _____

Expiry Date: _____ / _____ Amount: \$ _____

Cardholder's Name: _____ Signature: _____