



THE ROYAL SYDNEY ROSE BAY CUP

THURSDAY, 24 MAY 2018

• 18 HOLES STROKE • JEAN DERRIN • SENIOR ORDER OF MERIT •

FOR FEMALE AMATEUR GOLFERS WITH A GA HANDICAP PLUS – 15.0

ENTRY FEE: \$45.00

ENTRIES CLOSE : THURSDAY, 10 MAY 2018

Entry Fee must accompany Entry Form and should be forwarded to:
Sport Administrator, The Royal Sydney Golf Club, Kent Road, Rose Bay NSW 2029

T: 02 8362 7168 • F: 02 8362 7124 • E: sophie.cusack@rsgc.com.au

- Late entries will be accepted from players who reduce to the handicap limit after entries have closed if numbers permit.
- If more entries are received than can be accommodated on the course, a ballot will take place.
- A player whose GA Handicap increases above 15.0 after entries close and before the start of play will play off 15.0.
- Prizes awarded for scratch winner & runner-up, nett winner & runner-up and scratch 55 years and older
- Ties will be decided by count-back in accordance with the Golf Australia Regulations.
- Players must seek prior approval from the Director of Sport for the use of motorised transport.
- No refunds will be given for cancelations after close of entries.
- Draw will be available on www.rsgc.com.au from Thursday, 17 May 2018

DRESS REGULATIONS - COURSE & CLUBHOUSE

- *Clothing must be appropriate for golf. ¾ length pants may be worn.*
- *Golf shorts and skirts should not be shorter than mid-thigh length.*
- *Denim clothing, tracksuits, cargo pants, leggings, exercise and abbreviated clothing are not permitted.*
- *Mobile phones are not permitted.*

| PLAYER'S FULL NAME | GA H'CAP | GOLFLINK No. | 55 yrs + Y / N | CONTACT PHONE No. | EMAIL ADDRESS |
|--------------------|----------|--------------|----------------|-------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Secretary _____ Golf Club _____

Fax No _____ Email _____

Cheque / Money Order enclosed for \$ _____ (Payable to: "The Royal Sydney Golf Club")

OR For Credit Card Payment:

Visa Mastercard

Card No _____ Expiry Date _____ CCV _____

Cardholder's Name _____

Cardholder's Signature _____