

CRANBROOK
RESIDENCES



CASTLE HILL COUNTRY CLUB

ESTABLISHED 1950

2018 CRANBROOK RESIDENCES PRO AM

DATE: Monday 8th & Tuesday 9th October 2018

LOCATION: Castle Hill Country Club, Spurway Drive, Norwest

EVENT SCHEDULE

MONDAY, 8TH OCTOBER 2018 | 6:00AM REGISTRATION, 7:00AM SHOTGUN
Members & Junior Pro Am (Visitors Welcome)

Members \$75, Non Members \$95, Junior Members \$40: includes light breakfast, morning tea, golf, cart, play with a PGA professional, prizes, post golf BBQ lunch and drinks.

MONDAY, 8TH OCTOBER 2018 | 11:30AM REGISTRATION, 12:45PM SHOTGUN
Pro Am Sponsors Only

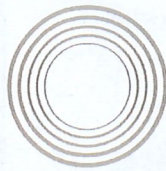
MONDAY, 8TH OCTOBER 2018 | 6:00PM
Opening Cocktail Function

Members \$50, Non Members \$60: Professional Shoot-Out Cocktail Function, commencing at 6:15pm - 8pm, canapes & beverages.

TUESDAY, 9TH OCTOBER 2018 | 11:30AM REGISTRATION, 12:45PM SHOTGUN
Members & Sponsors Pro Am (Visitors Welcome)

Members \$89, Non Members \$110: includes light lunch, golf, cart, play with a PGA professional, prizes, post golf presentations, canapes and beverages.

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



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2018

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ENTRY FORM

Monday, 8TH October 2018 7:00am Shotgun (6:00am Registration)

Members & Junior Members Pro Am (Visitors Welcome)

Members \$75, Non Members \$95, Juniors Members \$40

Monday, 8TH October 2018 6:00pm Opening Cocktail Function

Professional Shoot-Out Cocktail Function, commencing at 6:15pm - 8pm.

Canapes & Beverages

Members \$50, Non Members \$60

Tuesday, 9TH October 2018 12:45pm Shotgun (11:30am Registration)

Members & Sponsors Pro Am (Visitors Welcome)

Members \$89, Non Members \$110

Please return entry form together with fees to:

2018 CHCC Pro-Am, Castle Hill Country Club, PO Box 6767, Norwest, 2153.

Telephone: 9894 4155 **Fax:** 9899 5086 **Email:** golfoffice@chcc.com.au

NAME	MOBILE	EMAIL	GOLF LINK	H/CAP
Total Paid:				

Enclosed is a cheque made payable to Castle Hill Country Club for \$..... or
Please charge the the nominated credit card below.

CARD TYPE (Please TICK): <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Card	AMOUNT:
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EXP: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARDHOLDER NAME:	SIGNATURE:
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