



2019

E-Z-GO “ELITE” PRO-AM

to be held at

**COOLANGATTA & TWEED HEADS
GOLF CLUB
(River Course)**

FRIDAY 16TH AUGUST

**18 HOLE INDIVIDUAL STABLEFORD EVENT
MENS & WOMENS COMPETITIONS**



All entries to:

**Coolangatta & Tweed Heads Golf Club
PO Box 6010
TWEED HEADS SOUTH, NSW, 2486 or
Email: enquiries@cooltweedgolf.com.au**



Entry fees must be paid at time of entry

A copy of both AM & PM draws (Shotgun Starts 7:00am & 12:30pm) will be posted on the Club's website www.cooltweedgolf.com.au on Friday, 9th August.

**For general enquiries please contact the Club on (07) 5524 4544 or
Email: enquiries@cooltweedgolf.com.au**

ENTRIES CLOSE 5:00pm MONDAY, 5th AUGUST 2019

(Please note: No refund of entry fees after the closing date)



E-Z-GO “ELITE” PRO-AM
To be held at Coolangatta & Tweed Heads GC
RIVER COURSE
Friday, 16th August, 2019

18 HOLE STABLEFORD EVENT - 7:00am & 12:30pm Shotgun Starts



COST: AM FIELD: \$50 per person includes Lunch

PM FIELD: \$120 per person includes Marquee Professional in group, Lunch, After Game Nibbles and Presentation Ceremony.

Please enter me in the 2019 E-Z-GO “ELITE” PRO-AM to be held at Coolangatta & Tweed Heads Golf Club. I am an Amateur Golfer in accordance with the Rules of Amateur Status as issued by the Royal & Ancient Golf Club of St. Andrews and a financial member affiliated with Golf Australia. Maximum Exact Handicap for this event shall be 36.4 for Men and 45.4 for Women. All ties for Amateur Prizes shall be decided by the Australian Countback System.

DRESS REGULATIONS—Competitors must comply with Club Policy. Neat Golfing Attire & no denim or singlets.

ENTRY FORM

SURNAME: FIRST NAME:.....

GA H’CAP..... GOLFLINK NO:

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HOME CLUB:..... Men’s Event or Women’s Event

PHONE NUMBER (During Business Hours)..... Mobile:.....

EMAIL ADDRESS:.....

I would like to book a motorized cart at a cost of \$40 Please tick if required

Special Requests (including name of player you may be cart sharing with

PAYMENT DETAILS: (Payment by VISA, MASTERCARD, CHEQUE, MONEY ORDER made out to CTHGC):

Credit Card Number:..... Expiry Date...../..... CCV:.....

Signature:..... Amount being Paid: \$.....

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