

GOSFORD GOLF CLUB
OPEN AMATEUR
&
ORANGE BOWL

SUNDAY 4TH OCTOBER 2009
18 HOLE NSWGA VARDON STROKE EVENT
AND
GGC OPEN AMATEUR SENIOR SCRATCH AND HANDICAP
A NSWGA SENIORS ORDER OF MERIT EVENT
(55 & over as at 4TH OCTOBER, 2009)

Enquiries: GOSFORD GOLF CLUB (02) 4325 0361

NAME	CLUB	HCP	GOLF LINK NO.	CONTACT PHONE NO.	SENIOR YES /NO

ORANGE BOWL TEAM EVENT (4 players from same Club, enter on the day)

I hereby certify the above entries are members of _____ GOLF CLUB and that the AGU handicaps shown are correct CLUB SECRETARY (sign) _____

Handicap limit: Handicap limit is 12

Entry Fee: \$25 (must accompany this entry form)

Entry closes: 5pm on Monday 28th September 2009

Tee Times: Will be determined by the number of entries.

Available tee times 7.00am – 9.00am Please indicate preference: **EARLY / LATE**

Remember daylight saving begins today

Draw will be available by phoning Pro-Shop 43251856 or Office 43250361 after 10am Tuesday 29th September and will be faxed or emailed to clubs on that day.

Enclosed is a cheque / money order made payable to Gosford Golf Club for \$ _____

Or please charge the amount of \$ _____ to the card numbered below

GOSFORD GOLF CLUB

GOSFORD CITY CUP

36 HOLE SINGLE STABLEFORD FOR MEN AND WOMEN

SUNDAY 4TH & MONDAY 5TH OCTOBER 2009

DAILY EVENTS IN CONJUNCTION

Enquiries: GOSFORD GOLF CLUB (02) 4325 0361

NAME	CLUB	HCP	GOLF LINK NO.	CONTACT PHONE NO.	MALE OR FEMALE

I hereby certify the above entries are members of _____ GOLF CLUB and that

the AGU handicaps shown are correct CLUB SECRETARY (sign) _____

Handicap limit: Men 36, Women 45

Entry Fee which must accompany this entry form:

GGC Members \$26, Visitors \$40

Entry closes: 5pm on Thursday 24th September 2009

Tee Times will be determined by the number of entries.

Anticipated tee times 11.30am – 1.30pm. Please indicate your preference **EARLY/LATE**

Draw will be available by phoning Pro-Shop 43251856 or Office 43250361 after 10am Tuesday 29th September and will be faxed or emailed to clubs on that day.

Enclosed is a cheque / money order made payable to Gosford Golf Club for \$ _____

Or please charge the amount of \$ _____ to the card numbered below

Payment type: *Bankcard* *Mastercard* *Visa* *Cheque / Cash*

Card No. _____ Expires: ____ / ____

Cardholders Name on Card: _____ Cardholders Signature: _____

**Please return to Gosford Golf Club, Racecourse Road GOSFORD 2250 or Fax: 43232750
(faxed entries only accepted with credit card payments)**