



# 2010 REGIONAL SERIES - Entry Form (Aug - Oct)



Eligible Geoff Ogilvy Trophy



Eligible WGV Junior State Ranking



Please enter me into the following events. \*Denotes the event is a "Major"  
(tick applicable section - 9 hole section for non handicap players - part of the SAJG Rookie Series):

<u>Date</u>	<u>Venue</u>	<u>Tee Times</u>	<u>Tick to Enter</u>	
Sun, Aug 8	Curlewis GC (Geelong area)	9.00am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Sun, Sept 5	Cohuna GC *	8.30am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Mon, Sept 27	13 <sup>th</sup> Beach (Geelong area)	8.00am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Sun, Oct 3	Long Island CC *(Frankston)	11.30am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes

Entry Fees - SAJG and host club Members \$15 (18 holes)/\$10 (9 holes) per event

Entry Fees - Non Members \$20 (18 holes)/\$12 (9 holes) per event

**Entries Close: 7 days prior to the scheduled event.**

*Full details and conditions are available at [www.stuartappleby.com.au](http://www.stuartappleby.com.au)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SAJG MEMBERS please *only* fill in any information that has changed since 2009.**

\*Address \_\_\_\_\_ \*Suburb \_\_\_\_\_ Post code \_\_\_\_\_

Gender Male  Female  \*Email \_\_\_\_\_

\*Phone Landline \_\_\_\_\_ Mobile \_\_\_\_\_

\*Do you have a golf handicap? No  Yes  \*Golflink # \_\_\_\_\_

\*Name of Golf Club (if you are a member) \_\_\_\_\_

Parents/Carers names \_\_\_\_\_

I have read and understand the Conditions of Entry for this Series/Tournament:

SIGNATURE OF ENTRANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

The following is only required if no Golflink number is provided:

SIGNATURE OF CLUB OFFICIAL: \_\_\_\_\_ (Role/Title) \_\_\_\_\_

NAME OF CLUB OFFICIAL: \_\_\_\_\_

### Payment Details - Tax Invoice ABN 427 154 879 55

Please accept my payment by way of:  Personal Cheque  Bank Cheque/Money Order payable to **Stuart Appleby Junior Golf**

MasterCard  Visa  Cash

If payment is by Credit Card (please ask your parent/carer to complete this section on your behalf): Please insert Credit Card number below.

\_\_\_\_\_  
(Card number)

\_\_\_\_\_  
(Expiry Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name as it appears on card)

\$ \_\_\_\_\_  
(Amount)

**Mail to S.A.J.G, P.O Box 415 Ashburton, 3147. Or Fax to: 03 9577 7666**