



2010 REGIONAL SERIES - Entry Form (March - July)



Eligible Geoff Ogilvy Trophy



Eligible WGV Junior State Ranking



Please enter me into the following events (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>	
Thurs, April 8	Traralgon GC	8.30am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Sun, May 23	Port Fairy GC	11.00am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Sun, May 30	Portsea GC *	11.30am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Thurs, July 1	Keysborough GC	8.30am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Fri, July 2	Woodlands GC(Mordialloc)*	11.20am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes
Sun, July 18	Jubilee GC(Wangaratta)	10.00am start	<input type="checkbox"/> 18 holes	<input type="checkbox"/> 9 holes

*Denotes Major

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, conditions and draws are available at 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