



2010 ROOKIE SERIES

SEASONAL 9 HOLE JUNIOR TOURNAMENTS

(For boys and girls under 14)

Winter Entry Form (June - August)



Please enter me into the following events (tick applicable dates):

	<u>Date</u>	<u>Venue</u>	<u>Tee Times</u>	<u>Entry Fee</u>
<input type="checkbox"/>	July 1	Keysborough	From 8.30am (modified stroke)	\$12 (SAJG members \$10)
<input type="checkbox"/>	July 2	Woodlands	From 11.20am (modified stroke)	\$12 (SAJG members \$10)
<input type="checkbox"/>	July 18	Jubilee	From 10am (modified stroke)	\$12 (SAJG members \$10)
<input type="checkbox"/>	July 25	Oakleigh	1 pm shotgun (modified stroke)	\$12 (SAJG members \$10)
<input type="checkbox"/>	August 8	Curlewis	From 9am (modified stroke)	\$12 (SAJG members \$10)

Entries Close: 7 days prior to the scheduled event.

Full details and conditions 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 _____ State _____ Post code _____

Gender Male Female *Email _____

*Phone Landline _____ *Mobile _____

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

*Name of your school _____

Where/how did you hear about SAJG? _____

Parents/Carers names _____

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

SIGNATURE OF ENTRANT: _____ DATE: _____

SIGNATURE PARENT/GUARDIAN: _____ DATE: _____

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