



"2010 VICTORIAN 9 HOLE JUNIOR GOLF CLASSICS"

Played in each school holiday period throughout the year.

Part of the 2010 SAJG Rookie Series.

Information, draws and results will be posted at www.stuartappleby.com.au

2010 EVENT LISTING



Monday, March 29



Monday, June 28



**YARRA BEND GOLF
Monday, September 20**

Entry Fee: \$15.00 per player per event

TROPHIES

Overall Boys and Girls winners (gross)

<u>Boys</u>	<i>Under 14 and 10 sections</i>	<i>Winner Gross, Winner Nett</i>
<u>Girls</u>	<i>Under 14 and 10 sections</i>	<i>Winner Gross, Winner Nett</i>

- *In the event of any age category receiving less than 6 entries, all players in that category will be placed in the next higher appropriate category.*
- *Players are restricted to one trophy within their age category. Trophies will also be provided for nearest the pin for boys and girls and for any hole in one.*
- *Nett winners will be decided using the Callaway Handicapping system (no official handicap required).*

PROGRAM

The classic will be conducted over 9 holes modified stroke play (approx time 2.5 hours)

ELIGIBILITY

Male and female players under the age of 14 years as at time of the event are eligible. (S.A.J.G level 3 as a minimum-Has played 9 holes at least 3 times)

CONDITIONS

Please see SAJG website for full conditions (www.stuartappleby.com.au)

Bookings essential! Download an entry form from www.stuartappleby.com.au or call Stuart Appleby Junior Golf on 9577 7600.



"2010 VICTORIAN 9 HOLE JUNIOR GOLF CLASSICS"

OFFICIAL ENTRY FORM

Please tick to enter:

- | | | | |
|--------------------------|------------------|-------------------------|---------------|
| <input type="checkbox"/> | Monday, March 29 | Koorinal Golf Club | Altona |
| <input type="checkbox"/> | Monday, June 28 | Spring Valley Golf Club | Clayton South |
| <input type="checkbox"/> | Monday, Sept 20 | Yarra Bend Golf Course | Fairfield |

Return to SAJG, PO Box 415, Ashburton, 3147 or via fax: 03 9577 7666

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

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

*Address _____

*Suburb _____ State _____ 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) _____

*Name of your school _____

Where/how did you hear about SAJG? _____

Parents/Carers names _____

Disclosure of possible risk:

SAJG takes every possible precaution to ensure its events and activities are safe for participants. As with any sporting activity there is risk in golf of sustaining injury. Possible risks in golf include being hit by a golf ball, a golf club, or falling due to uneven grass surfaces. In the unlikely event of an accident or emergency, SAJG will make every attempt at the earliest opportunity to notify the parents/carers listed above, and if unsuccessful in these attempts or where it is impracticable to do so, SAJG reserves the right to seek medical treatment on behalf of your child

Terms & Conditions:

1. Only upon full payment will booking be confirmed.
2. SAJG does not accept any liability for personal injury, property damage or loss sustained to any participants as a result of their participation in the program unless caused by the proven negligence of SAJG.
3. Programs are subject to cancellation, alteration and rearrangement in the event of factors beyond our control.
4. I understand and consent to the activities to be undertaken and the location of the activities.
5. I understand that SAJG retains the right to use for publicity and marketing purposes, photographs of participants taken during the program.
6. I have read, understand and agree to the conditions of entry.

Signature of Parent or 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) \$ _____
(Amount paid)

The name of the cardholder as it appears on the card _____

Entry Fee - \$15.00 per player per event

