

Entry Form

Name: _____

Event No.	EVENT	Entry Fee	Enclosed
1	Saturday 17th February – Starting from 7.30 am MEN'S 36 HOLE SCRATCH & HANDICAP NB: 36 Hole entrants are automatically eligible for events 2 and 3	\$50 per player (includes lunch)	
2	Saturday 17th February – Starting from 7.30 am MEN'S 18 HOLE SCRATCH & HANDICAP: AM	\$20 per player (includes light lunch)	
3	Saturday 17th February – Starting from 12 noon MEN'S 18 HOLE SCRATCH & HANDICAP: PM	\$20 per player (includes light lunch)	
4	Sunday 18th February – 12 noon Shotgun Start 2 PERSON AMBROSE (Men's, Women's, Mixed events) Partner:.....Golf Link No:.....	\$40 per pair (includes afternoon tea)	
5	Tuesday 20th February – 8.30 am Shotgun Start WOMENS 18 HOLE Event <input type="checkbox"/> VETERAN (55 years and over -please tick if eligible) Fisken Challenge Teams Trophy: (must be members from same registered club) Player 2Player 3:.....	\$25 per player (includes lunch)	
6	Tuesday 20th February – 1.00 pm Shotgun Start MEN'S 18 HOLE Gentsomes Partner:Golf Link No:..... Partner:Golf Link No:..... Partner:Golf Link No:.....	\$10 per player	
7	Thursday 22nd February MEN'S & WOMENS 18 HOLE SINGLES STABLEFORD Select time range – please circle preferred time range 7:00 – 8:00am 8:00 – 9:00am 11:00 – 12:00pm 12:00 – 1:00pm	\$10 per player	
8	Friday 23rd February – 8.30 am Shotgun Start WOMENS 18 Hole 3BBB STABLEFORD Partner:Golf Link No:..... Partner:Golf Link No:.....	\$75 per team (includes lunch)	
9	Friday 23rd February – 1.00 pm Shotgun Start MEN'S 18 HOLE 4BBB STABLEFORD Partner:Golf Link No:.....	\$30 per pair (Includes BBQ from 12:00 – 12:45 pm)	
10	Saturday 24th February – 7.30am & 12.30 pm Shotgun Start 18 HOLE AMBROSE: Team of 4 Men or 4 Women A. J. Fisken Plate (must be members of same registered club to be eligible) Please circle preferred start time: AM PM Partner:Golf Link No:..... Partner:Golf Link No:..... Partner:Golf Link No:.....	\$80 per team (Incl. light lunch or afternoon tea)	
11	Sunday 25th February – 12 noon Shotgun Start MIXED 18 HOLE AMBROSE – Bob Reynolds Trophy Partner:Golf Link No:..... Partner:Golf Link No:..... Partner:Golf Link No:.....	\$80 per team (includes afternoon tea)	
Total Enclosed			\$

Payment Detail Overleaf

Competitor's Details:

Name:	GA Handicap:
Club:	Golf Link Number:
Postal Address:	
Email:	Contact Phone Number:
I have read and agree to observe all the Conditions of Entry:	
Competitor's Signature:	
Dietary Requirements:	

Credit Card Payment Authority – Please complete if paying by credit card	
Visa/Mastercard/Bankcard	
Credit Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	Expiry Date: _ _ / _ _
CW – 3 digit number on rear of card:	Cardholders signature:
I authorise Buninyong Golf Club to debit my Credit card for \$	

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