



Queanbeyan Golf Club 40th Annual Colt and Junior Open

**Under 24 Women and Men, Under 18 Girls and Boys
Open Amateur Golf Championship (Played Over 18 Holes)
Sunday 6th May 2018**

Entries Close Monday 30th April 2018

Entry Fee: \$20.00 for under 24 & under 18. This includes a drink and a light meal.

Sub Junior Event

A Sub-Junior event will be played over 8 holes (non handicap)

Entry Fee: \$10.00 for Sub-Juniors. This includes a drink and a light meal.

Event proudly sponsored by: Queanbeyan Golf Club Pro Shop, Arthur Walters, Pat & Helen Jeffery, Ian Wallace, Joan Kinsey, Brian & Fran Thomas, Gail Goiser & Family, Stensrud Family, John Seaborn, Bevan Webb, Pauline & Peter Jeffery, Wayne & Sue McNally & Queanbeyan Golf Club

Conditions of Play

1. No entry will be accepted unless accompanied by entry fee
2. Age limit: Women and Men under 24 as at the 7th May 2017. Junior Girls and Boys under 18 as at 6th May 2018.
3. Golfers must report to the pro shop 15 minutes before their hit off time. A copy of the draw will be posted on the web page Wednesday 2nd May 2018. Tee times from 11.00am.
4. Junior competitors must supply Golf Link number.
5. A competitor may only win one trophy.
6. All Sub-Juniors play from the red markers and parents are encouraged to act as bag pullers **ONLY**.
7. Championship ties will be decided by sudden death play-off. All other events will be determined by countback
8. The tournament committee has full control of the tournament and its decision will be final.
9. Queanbeyan Golf Club dress rules apply.
10. All golfers **must** carry and **use** a sand bucket.

Tee off times will be on the Club's web site by Wednesday 2nd May 2018 and forwarded to players who supply email details.

Tournament Coordinators: Jerry Smith and Junior Development Committee

Entry Form (complete all details) Detach and return entry fee to CEO, Queanbeyan Golf Club, PO Box 152, Queanbeyan NSW 2620 or Email ceo@queanbeyangolf.com.au Tel 02 6297 1669 Fax 02 6297 4949

Name	D.O.B	M/F	GA H'Cap	Golf Link Number	Home Club	Email or Phone

CREDIT CARD PAYMENTS:

Amount\$ _____ Cardholders Name _____ Contact No _____

CREDIT CARD ____ / ____ / ____ / ____

EXP DATE __ / __