



QUEENSCLIFF GOLF CLUB

2024 OPEN BOWL

Friday, 7 June 2024

9:00am for a 9:30am Shotgun start

Event		Category	Cost
1	Ladies Open Bowl Three players from the same club	18 Hole Stableford - Winners Aggregate Team of 3 - Runners up Aggregate Team of 3	\$90.00 per team (includes lunch)

NTP's on Holes 3, 9 & 14

Conditions of entry

1. Entry fee must be paid at time of entry.
2. Maximum handicap to be 45.
3. All financial playing members of affiliated clubs with an officially recognised GA handicap are eligible to compete. It is each player's responsibility to ascertain their correct handicap.
4. The match committee will make all arrangements and will have full power to alter or make any variations in the program or order of play.
5. The competition shall be played according to the rules of golf adopted by The Royal and Ancient Club of St Andrews, Scotland, together with any local rules in force.
6. In the event of a tie, the winner will be decided on a countback according to the conditions set out by Golf Australia.
7. The match committee will deal with any written protest that must be lodged at the club by 3pm on the day of the competition. The decision of the match committee will be final.

Slope Rating – 132

Queenscliff Golf Club

ABN 18 918 949 868

Golf Course Road Swan Island Queenscliff Victoria 3225
Tel: 03 5258 4344 Email: info@queenscliffgolfclub.com.au

2024 Queenscliff Ladies Open Bowl Entry Form

PAYMENT OF FEE IS REQUIRED AT TIME OF ENTRY.

Entries close – Wednesday, 5 June or when the field is full.

Please advise any special dietary requirements.

Team 1

Player	GA H/cap	GolfLink No.	Dietary Requirements
1.			
2.			
3.			

Team 2

Player	GA H/cap	GolfLink No.	Dietary Requirements
1.			
2.			
3.			

Please Submit Entries, including payment to
The Manager, Queenscliff Golf Club, PO Box 67, Queenscliff 3225
Or email manager@queenscliffgolfclub.com.au

Team entry: _____ Team(s) x \$90.00

Total amount enclosed \$ _____

Contact Person: _____

Home Club: _____

Phone Number: _____

Email: _____

Credit Card Payment Authority

Please circle: Mastercard or Visa

Amount to be debited: \$ _____

Cardholders name: _____

Card No.: _____ Expiry Date ____/____

Signature: _____

*****If arriving by Searoad Ferries, please advise the time if pickup is required.*****

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