



Mareeba Golf Club
Tel: 07 4092 1528
Fax: 07 4092 7997
Email: manager@mareebagolfclub.com.au
Mail: PO Box 248 Mareeba, Qld 4880

Mareeba Golf Club Open for 2018

Saturday 21st & Sunday 22nd April

36 Hole Individual Stroke

Mens & Ladies

Men's A, B & C

Gross & Nett trophies

Ladies Divisions 1, 2, & 3

(Subject to player numbers) Gross & Nett

Daily nett trophies all grades

+ Overall Senior & Junior Nett Trophies

FNQ Golf Selection Series and

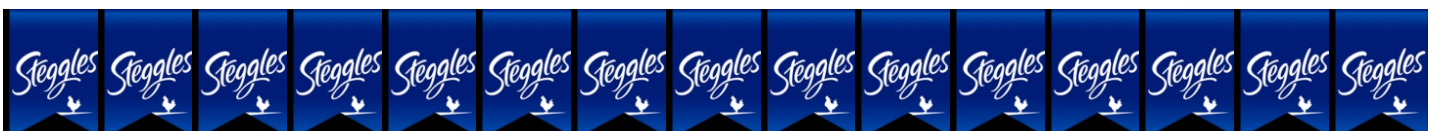
Golfer of the Year Event

Ladies Queensland Seniors

Order of Merit Event



GolfQueensland





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21st and 22nd APRIL

Nomination fee:

\$50.00 for 36 holes or \$30.00 for a single day

Break your handicap over 36 holes against the scratch rating
(Men less than 140/Ladies 144) and we will refund your nomination fee

Nomination form cannot be accepted unless accompanied by payment details
(Cash, Credit card, Direct deposit confirmation)

By nominating I / we accept and agree to the conditions of play for the Tournament & are bound by the FNQ Men's Code of Conduct & FNQDLGA code of conduct.

Cancellation after 6pm on Sunday 15th of April will not be refunded.

I / We wish to nominate for:

- 36 Hole event - Preferred tee time Saturday 21st April am / pm.....
Please indicate preferred tee time **Sunday 22nd April am / pm**
- 18 Hole event Saturday - Please indicate preferred tee time - am / pm.....
- 18 Hole event Sunday - Please indicate preferred tee time - am / pm**

Note - Specific tee times are not guaranteed.

Contact Name..... Contact telephone number.....

Note - Please indicate M-Male, F-Female, S-Senior, JM-Junior male & JF-Junior female

Note - Lady golfers, if you are a QSOOM player please add \$5.00 to your nomination fee and circle - Yes

PLAYERS NAME	M/F	H'CAP	CLUB	FULL Golfink No	Fee
Motorised Cart both days (limited number)		Yes / no	\$35 per day	Nominate 1 or 2 players in cart	
Payment by: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> (No AMEX or Diners) Total					

Card Number

Card Expires

/

Card holders - FULL NAME.....
(As printed on card)

CCV

Card holder Signature.....Date...../...../.....