



PATIOWORLD
 W.E. ALEXANDER OPEN 2009
 (N.S.W.G.A. VARDON EVENT)
 SATURDAY 17TH OCTOBER 2009
 SUNDAY 18TH OCTOBER 2009



**ENTRY FEE OF \$50.00 MUST BE FORWARDED WITH THIS
 ENTRY FORM TO THE BELOW ADDRESS
 ENTRIES CLOSE SATURDAY 10TH OCTOBER 2009**

*NOTE: A DRAW FOR ALL PLAYERS WILL BE CONDUCTED; WE WILL NOT GUARANTEE PLAYERS PLAYING TOGETHER.
 (Late Entries Accepted If Times Are Available)*

Competitors Name: _____
D.O.B. Juniors (18 & under) Masters (55 & over): _____
Postal Address: _____
Contact Phone No.: _____ **Mobile No.:** _____
Member of: _____ **Club Membership No:** _____
Handicap: _____ **Golf Link No.:** _____
Club Secretary: _____ **Email Address:** _____
Contact Number During Event: _____
 Junior (18 & Under) **Master (55 & Over)**

Payment must accompany entry:

Payment Type:

Cheque made payable to Waratah Golf Club Visa MasterCard

Credit Card Details: ____/____/____/____ Expiry Date: ____/____

Cardholder's Name: _____ Cardholder's Signature: _____

TOBIN FAMILY TEAMS EVENT – SCRATCH

Teams of two. Team members may be from different clubs.
 Best 36 hole aggregate scratch score.

No player may be in more than one scratch team.

TOBIN FAMILY TEAMS EVENT – HANDICAP (NET)

Team of two. Team members **MUST** be from the same club.

The best 36 hole aggregate nett score.

The same team may not win both the scratch and nett teams events.

No player may be in more than one scratch team or one handicap team.

SCRATCH EVENT

HANDICAP EVENT

Club: _____	Club: _____
Name: _____	Name: _____
Membership No.: _____	Membership No.: _____
Club: _____	Name: _____
Name: _____	Membership No.: _____
Membership No.: _____	

The Secretary,
 Waratah Golf Club Ltd,
 P.O. Box 51
 BOOLAROO, NSW 2284
 PHONE: 02 4958 1847 (Office)
 FAX: 02 4965 8395
 PHONE: 02 4958 3558 (Pro Shop)
 EMAIL: wealexander@waratahgolfclub.com.au
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