



ACT MONARO DISTRICT GOLF ASSOCIATION

JUNIOR week of GOLF: SEPT 29th 30th OCT 1st 2010
JNJG: Official Subaru State Age qualifying, Junior Vardon & Junior Derrin event

WED 29th CAPITAL GOLF CLUB (tee times 9.00 – 11.00)
THUR 30th MURRUMBIDGEE C. C. (tee times 9.00 – 11.00)
Incorporating the *MCC 2010 JUNIOR OPEN*
FRI 1st Oct QUEANBEYAN GOLF CLUB (2 tee start 9.00 - 10.00)

Plus a 9-hole sub-junior/cadet competition each day (for non-GA handicapped juniors attending club coaching programs)
Cost \$5 each day: (Tee times straight after the 18 hole field is away)

Field for main competition is restricted to about 70 players and places will be allocated in order of receipt. This competition is open to male & female amateur golfers with a current GA handicap who are less than 18yrs old on 29/09/10. Entries will close on Sunday 26th September 2010. There will be 3 separate day competitions (each with prizes) and an overall 54-hole competition. Comp. divisions will be determined by the total number of players and their respective handicaps; low handicap juniors will play a Stroke Competition, higher handicap juniors will play a Stableford Competition. Sub-juniors/cadets will play a separate 9 hole competition. A player may only win 1 major prize per day, and for the 3-day competition; ties will be determined by count back.

Cost: \$30 (includes GST and covers all competition fees & lunch on Friday.)

The tournament committee has full control of the event and its decisions will be final. Wednesday’s time sheet will be emailed to entrants who provide an email address. It will also be emailed to clubs for display and posted on www.actgolf.com.au Otherwise ring Jim Jackson (phone number below).
Registration will not be accepted unless accompanied by entry fee

Send Entries to: mailM.J. Jackson, 9 Martens Crescent, Weston, A.C.T., 2611
Email.....jim_bev @webone.com.au
Phone Enquiries: Jim Jackson 6288 3327 (home) or 0422 913 495 (mobile)

2010 OCT JUNIOR WEEK of GOLF -- ENTRY FORM

SURNAME FIRST NAME.....
ADDRESS.....
CLUB..... HANDICAP..... Date of Birth.....
GOLFLINK NUMBER
PHONE (Home)..... (Mobile).....
EMAIL.....
PREFERRED PLAYING PARTNERS.....
PLAYER’S SIGNATURE.....
SUB JUNIORS: which days do you wish to play? WED THURS FRI (please tick)
PAY: cheque (payable to ACT Monaro DGA) OR PAY credit card
PLEASE DEBIT MY MASTERCARD VISA
CARD NUMBER / / /
CARD HOLDER NAME EXP. DATE.....
CARD HOLDER SIGNATURE.....AMOUNT \$