

 **sbsbank Cromwell Golf Club**

LEGENDS

2019

SATURDAY 19th - SUNDAY 20th
January 2019

COMPETITION
IS A TEAM OF 4 EVENT
ENTRY FEE \$320 PER TEAM

COMPETITION & CONDITIONS OF PLAY

Teams of 4 - Men or Women or Mixed - any combination.

A minimum of 1 team member to be past or present Provincial or National representative of any sporting code.

FRIDAY 18TH (*Practice Day*)

Course will be open on tee 1 only, for participants, with final tee off by 1pm.

SATURDAY 19TH

Teams plays together - Ambrose 18 holes. Food available to purchase.

SUNDAY 20TH

Teams plays together - **Team Medal** - Individual Stroke Play - Team Score =
The total of the best 3 of 4 scores PER HOLE over 18 holes. (*Twos optional extra*)

2 Course Meal provided after your round.

Ambrose and Team Medal scores added together for team total.

Handicap Limits: Men 0 - 36, Women 0 - 40

Ambrose Handicap = 10% of combined Handicaps.

RULES

The R & A Rules of Golf will apply, together with local rules of the Cromwell Golf Club.

FIELD

Limited to 60 entries.

DRAW

To be published on the club's website from Friday 11th January 2019.

www.cromwellgolf.co.nz

LEGENDS

TOURNAMENT 2019

ENTRIES CLOSE 14/12/2018

(Please supply details)

| | First Name | Surname | Club | Hep Idx | Club & I.D No's |
|----------------|------------|---------|-------|---------|-----------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| Contact Name | _____ | | | | (Team Captain) |
| Phone No | _____ | Email | _____ | | |
| Postal Address | _____ | | | | |

Please complete the following details:

Entrant No _____ Sport/s _____

Which Province _____ 19.... to

New Zealand _____ 19.... to

If more than 1 team member is a Rep/Former Rep, please supply details overleaf.

Preferred Tee Time:

| | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> 7.45 - 8.30am | <input type="checkbox"/> 12.15 - 1.15pm | <input type="checkbox"/> SATURDAY |
| <input type="checkbox"/> 7.45 - 8.30am | <input type="checkbox"/> 12.15 - 1.15pm | <input type="checkbox"/> SUNDAY |

ENTRY FEE \$320 () CHEQUE ENCLOSED | () INTERNET BANKING

Please post to:

Acct No. 03-1355-0347067-01

LEGENDS TOURNAMENT

Cromwell Golf Club

PO Box 27

Cromwell 9310

Willie Moore, Director of Golf

Ph/Fax (03) 445 0165

Email: proshop@cromwellgolf.co.nz

Entrant No _____ Sport/s _____

Which Province _____ 19.... to

New Zealand _____ 19.... to

Entrant No _____ Sport/s _____

Which Province _____ 19.... to

New Zealand _____ 19.... to

Entrant No _____ Sport/s _____

Which Province _____ 19.... to

New Zealand _____ 19.... to

NOTE

Golf Carts - There are limited numbers of carts available.
Preference will be given to those with a medical certificate.

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