

WED 17 SEP

Pro Am

THU 18 SEP - FRI 19 SEP

South Coast Open















2025 SOUTH COAST OPEN PRO/AM ENTRY FORM

CONDITIONS OF ENTRY

- 1. Events are open to amateur golfers having a current Australian handicap with an affiliated Golf Club.
- 2. The Tournament Committee has the sole control of the Tournament. Any dispute or protest will be decided by the Tournament Committee and their decision will be final Rule 20.2(b).
- 3. Only one prize may be won per person per event.
- 4. The Rules of Golf and Local Rules apply for the duration of the Tournament.
- 5. No card will be accepted after results have been declared. The results will be posted on the Club Catalina web site.
- 6. All Results will be decided on Countback.
- 7. Full player details must be nominated on the entry form and accompanied with payment.
- 8. Entries close 5:00pm Friday 5th September 2025 or when the limit is reached. Entries received after the capacity field is reached will be placed in order of receipt on a reserve list.
- 9. The event will be a Shotgun Start at 12.30pm
- 10. All players / teams must register in the Golf Shop by 12pm. Any player not adhering to this condition may be disqualified. (Rule 5-3)
- 11. As a courtesy to all players, any mobile phone carried on course must be kept on silent and only be used for the purpose of the Mi Score App or in the case of an emergency.
- 12. The Committee reserves the right to alter any condition above should this become necessary.
- 13. A copy of the Draw will be posted on the Clubs website in the week leading up to the Tournament or accessible via the Members portal. Results will also be posted on the Club Website at the conclusion of the Pro Am.
- 14. In accordance with the prevailing laws it is necessary for each visitor to sign in on their arrival, Club Reception will assist. All Clubhouse facilities are available to Visitors. The Clubhouse is open daily from 9:00 am. The Sports Lounge will be available for golfers prior to 9am.
- 15. Cancellations and refunds: No refunds will be made for any cancellation received less than 7 days before the Tournament. Cancellations on medical grounds or incapacity may be given special consideration. If a refund is made, an Admin Fee of ten dollars (\$10) will be retained. Substitutes must be authorised by the Tournament Director at his/her discretion (an additional entry fee may apply).



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SURNAME			FI	RST NAME			
ADDRESS							
CITY/TOWN		ST	ATE			POST CODE	
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EMAIL			PH	IONE			
GA HANDICAP		HOME CLUB				GOLF LINK	ио
SPECIAL REQUIREME	:NTS						
SPECIAL REQUIREME							
SOUTH CO	AST OPE	:N					\$60
PAYMENT DETAILS:	СНЕОИ	E EFT C	R DIRECT D	EPOSIT			
EFT:	Catalina Count	ry Club Ltd B \$	B : 012-517	Account: 308	8414277 (P	Please include 25	5SCO & surname in reference)
CREDIT CARD:	VISA	MAST	ERCARD				
CREDIT CARD:		-		-		-	
EXPIRY:	1		CCV:				
NAME ON CARD		SI	GNATURE				AMOUNT PAID