Sapphire Coast Week of Golf 2026 – Individual Entry Form

Visitors $40 / PMGC Members $35 per event

Tax Invoice ABN 48 001 038 357 (prices include GST)

Surname: _____ First Name:_____ Male ☐ Female ☐

Email: _____ Mobile_____ GA Hcp _____

Golf ID (10 digits) _____ Home Club: _____

Tick the box below for each event you are entering. Events 1 ,2, 6 & 7 are team events so enter your partner's name/s and gender. No partner? Just leave it blank and put a tick in the Partner Required column.

Need a Cart for any event? Please ring the Pro Shop 0264956280 and book before sending your entry. Tick the "Cart Booked" column for the event so we can allocate your tee time. Players in hired carts will generally have timeslots from 7.00 to 7.45am or after 11.30pm. If sharing a cart with another player, enter the name of that person. For everyone else, indicate your preference for AM (7:00-8:30) or PM (11:00-1:00pm) draw. Events 3 & 9 are 9.00am shotgun start.

Event Details		Partner's name/s for team events	Partner M / F	Tick if Partner Req'd	Pref Time AM/PM	Cart Booked	I'm sharing cart with (name)
1. Sun 18	☐ **4BBB Stableford** Mixed, Women or Men Pairs	**1.** _____					
2. Mon 19	☐ **Medley Irish 4BBB Stableford** Mixed, Women or Men 4's	**1.** _____ **2.** _____ **3.** _____					
3. Tues 20	☐ **Women's Stableford**	*N/A*	*N/A*	*N/A*	**Shotgun 9am**		
4. Wed 21	☐ **Men's Stableford**	*N/A*	*N/A*	*N/A*			
5. Thurs 22	☐ **Women's Stableford**	*N/A*	*N/A*	*N/A*			
6. Thurs 22	☐ **Men's 2 Person Ambrose**	**1.** _____	**M**				
7. Fri 23	☐ **American Foursomes** Mixed, Women or Men Pairs	**1.** _____					
8. Sat 24	☐ **Men's Open Round 1**	*N/A*	*N/A*	*N/A*			
9. Sun 25	☐ **Men's Open Round 2**	*N/A*	*N/A*	*N/A*	**Shotgun 9am**		
☐ **Tick for On-site Buggy storage $20**							

Please pay for your games ONLY – not your partner's. Each competitor must submit an entry form.

Payment Methods 1. Payment via Credit Card is preferred but subject to 1.1% surcharge
2. For Direct Credit/EFT details email info@pmgcgolf.com.au

VISA ☐ MASTERCARD ☐ PAYING BY EFT ☐ **Payment Amount: $** ☐

CARD NUMBER: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE: ☐☐ / ☐☐ CVV: ☐☐☐ NAME ON CREDIT CARD: _____

Email entry to info@pmgcgolf.com.au or post to P.O. Box 75 Merimbula NSW 2548