



97TH YEAR
WOMENS INTER-SCHOOL GOLF CHALLENGE CUP

SORRENTO GOLF CLUB
LANGFORD RD, SORRENTO

DATE MONDAY 16TH MARCH 2026

COST \$135.00 (INCLUDES GOLF, LUNCH, AND TROPHIES)

SCHOOL REPRESENTATIVE INFORMATION

School representatives are responsible for:

- organising a team of four players
- collecting individual entry fees from players or school as appropriate (\$135 per player)
- submitting a team entry form in conjunction with the total school entry fee of \$540
- advising if a team member has a specific dietary requirements
- advising if a team member requires a cart (must be pre-booked and requires a medical certificate)
- submitting entry form and payment by **5.00pm, Thursday 12TH March 2026** (No late entries will be accepted).

PAYMENT: All teams will pay the team entry of \$540.00 There are 2 options for payment

Option (1) - as a cheque or cheques payable to "*Inter-School Golf Challenge Cup*", posted and accompanying the completed entry form

Option (2) - by electronic funds transfer (EFT) to

Bank: Commonwealth Bank Australia

Account Name: Inter-School Golf Challenge Cup

BSB: 063467

Account Number: 10004936

IMPORTANT: Enter school name in Reference/Description box

Completed entry form (see tear-off section below) and any accompanying cheques must be posted by each school representative to: Ms **Mary Hawkins P.O. Box 2165 Brighton North 3186** Or if using EFT for entry payment, email team to hawkinsmaryl@outlook.com

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ENTRY FORM

Payment: Cheque(s) ☐ , or EFT ☐ on ____/____/2026

Please use Block Letters

GA Handicap Limit 36

NOTE: GOLF LINK NUMBERS MUST BE PROVIDED

SCHOOL NAME:

REPRESENTATIVE NAME: **EMAIL:**

Competitor Name

Home Golf Club

GA Handicap

Golf Link Number

1 _____

2 _____

3 _____

4 _____

REMEMBER to advise if a player has a specific dietary requirement

Entry form to be returned to Mary Hawkins P.O. Box 2165 Brighton North, 3186. Phone 0408589179 email hawkinsmaryl@outlook.com