



# Liquor industry charity golf day monday 1 march 2010

General Enquiries: Robbi Tims—Coordinator, LICG Day Tel: 08 8232 5066 / 0418 834 823

**EVENT DETAILS:**

**MONDAY 1 MARCH 2010**

**GRANGE GOLF CLUB**

**WHITE SANDS DRIVE**

**SEATON**

**REGISTRATION & BREAKFAST 6.15AM-6.45AM**

**SHOTGUN START—7AM SHARP!**

**4 BALL AMBROSE—TEAMS PLAY FOR THE PERPETUAL AHA SA TROPHY**

**COST: \$800 PER TEAM**

**WHAT YOU NEED:**

- SPARE CHANGE FOR BRIBES AND RAFFLES AROUND COURSE
- RESPONSIBLE DRINKING ON COURSE
- DRESS—NEAT GOLF ATTIRE, NO DENIM, T-SHIRTS OR SHORTS
- CART HIRE available through the Pro-Shop at Grange Golf Club—\$60 per cart—must be booked no later than 1 week prior to event. Payment on collection of cart.
- HANDICAP—players without a recognized AGU handicap will have a maximum of 18. Maximum AGU handicap is 27. Maximum SALGU handicap is 36. We ask all Team Captains to check and authenticate all handicaps

**WHERE DOES THE MONEY GO?**

2009's event raised \$70,000 for charities in SA.

These funds will be distributed to key children's charities during lunch at the 2010 golf day.

Past recipients have been:  
Riding for the Disabled, Make a Wish, Time for Kids, Camp Quality... just to name a few.

**WHAT DO YOU GET ON THE DAY?**

- A Round of golf at one of Adelaide's most prestigious golf courses.
- Lunch in the marquee and free beer during lunch.
- Wines - \$10 per bottle.
- Major auction to be held with items available for bidding before the day—to be sent with your confirmation letter.
- Great fun and entertainment across the day.

**PLEASE SEND ENTRY FORM AND PAYMENTS TO:**

Phil Hallett, Treasurer, Liquor Industry Charity Golf Day  
c/- Suite 8, 161 Ward Street, North Adelaide 5006

Phone: 0401771866  
Fax: 08 8312 0260  
E-mail: philh@tripleb.net.au

## Liquor Industry Charity Golf—Team Entry

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone (mobile preferred) \_\_\_\_\_

Fax number \_\_\_\_\_

Preferred Course To start from: **EAST WEST**  
(please circle)

**Method of Payment**

- Visa       MasterCard  
 Invoice me       Cheque

\_\_\_\_\_  
Credit Card No.

Exp. date \_\_\_\_\_

\_\_\_\_\_  
Signature

Total: \$ \_\_\_\_\_

