

# 2019 GOLF CLASSIC



Sponsored by Chris Gill.

†The Form 1 Company™

**FRIDAY 11TH OCTOBER 2019**  
**MOUNT OSMOND GOLF CLUB**  
 60 MOUNT OSMOND RD, MOUNT OSMOND

MAJOR SPONSOR:

**Domain**

KEY SPONSORS:



ALSO SUPPORTED BY:

†The Form 1 Company™



PARTNER

**BusinessSA**

South Australia's Chamber of Commerce and Industry

## WELCOME

### TO ADELAIDE'S MOST BEAUTIFUL TEST OF GOLF

Only 15 minutes from the centre of the CBD, Mount Osmond Golf Club is blessed with glorious views of the city of Adelaide, Mount Lofty Ranges and coastline. The wide undulating fairways, challenging greens and stimulating course layout will always make for a memorable round. Our beautiful heritage clubhouse and welcoming membership will give you a golfing experience that's been delighting our members since 1927.

Our Golf Professional Ian Pritchard was awarded the joint winner of the 2015 National Club Professional of the year. This follows his recognition as 2014 and 2015 PGA Professional of the Year at the SA Golf Industry Awards.

#### TIMELINE

11.30am Lunch  
 12.30pm Tee Off  
 5.00pm Prizes & Awards

#### PRICING

\$88 for golf, on-course drinks and snacks, barbecue lunch and snacks after the game  
 Sponsored by The Form 1 Company –  
**ONLY \$88 PER PERSON**

#### FORMAT

Teams of 4 players – Ambrose with shotgun start

**Please return completed booking form to Garry Topp with names of those attending before Friday 27th September**

**WIN \$20,000 CASH!**  
**JUST GET A HOLE IN ONE ON THE 4TH**

## BOOKING FORM: 2019 GOLF CLASSIC

**Note: Payment must be received with this booking form.** Please post this slip with payment to:  
 Garry Topp, Society of Auctioneers & Appraisers (SA) Inc., 22 Greenhill Road, Wayville SA 5034 or fax to 8372 7833

Team: \_\_\_\_\_

Player 1: \_\_\_\_\_ Handicap: \_\_\_\_\_ Player 2: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 3: \_\_\_\_\_ Handicap: \_\_\_\_\_ Player 4: \_\_\_\_\_ Handicap: \_\_\_\_\_

*Note: Players without official handicap – maximum 24 will apply.*

Credit Card Authority for Expenses. **TAX INVOICE ABN 82 885 149 245**

Credit Card Type (please tick):  Visa  American Express  Mastercard  Diners Club (add 3% surcharge)

Card No.           CVV    Expiry Date \_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

**OR**  Pay by cheque (enclosed) **OR**  Direct Debit: BSB 105 011 Account 106 198 240 (BankSA, Unley)

Non-members please advise: Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_