

CARRBRIDGE GOLF CLUB

OPEN COMPETITION

ENTRY FORM - 2008

Name _____ Address _____

Age _____

Handicap _____ Contact Number _____

Home Club _____ SSS of home club _____

Name of Competition you wish to enter _____

Date of Competition you wish to enter _____

Fee enclosed with application £ _____ (check www.carrbridgegolf.com for fees)

Preferred time for playing is _____

We can not guarantee you will get the time you request: and we recommend you contact the club prior to the date of play to confirm your time.

Names and handicap of other people wishing to enter competition:

Name	Age		H'cap	Home Club with SSS

1. Please fill in all available information.
2. Please ensure that you send a stamped address envelope.
3. If due to weather conditions, the date is cancelled it is your responsibility to contact the club to find out the new date and to confirm a refund of your fees if the competition is not being re-scheduled.

Please return your form to:
 Miss Suzanne Wilson
 Carrbridge Golf Club
 Inverness Road
 Carrbridge
 PH23 3AU