



ENTRY FORM - OPEN COMPETITIONS 2018

Competition:			Date:		
Please tick your preferred playing time below. You will require a CONGU handicap.					
Preferred Playing Time	0900 - 1100		1100 - 1300		1300 -1500

1st Players Name:					
Club:					
Address:					
Home Club:			Handicap		
Contact Tel. No:			Date of birth		
Contact Email address:			CDH #		

Please complete the appropriate sections below for the additional player/s in your Pair or Team.

2nd Players Name:			Handicap	
Home Club:			Date of birth	
Email Address:			CDH #	

3rd Players Name:			Handicap	
Home Club:			Date of birth	
Email Address:			CDH #	

4th Players Name:			Handicap	
Club:			Date of birth	
Email Address:			CDH #	

Your entry will not be treated as valid, and no tee-time will be allocated, until your entry fee is received by the Letham Grange Golf Club. No refunds will be made after the Draw has been published.

Please make cheques payable to Letham Grange Golf Club
and forward with your entry form to: -

The Competitions Secretary
Letham Grange Golf Club
Letham Grange
Arbroath DD11 4RL

Or call the Golf Desk on 01241-890373 if you would prefer to pay by debit/credit card