



ENTRY FORM - OPEN COMPETITIONS

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 form and fee are received** by Letham Grange Golf Club. No refunds will be made after the Draw has been published (14 days prior to event date).

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