

PRESTWICK ST CUTHBERT GOLF CLUB ENTRY FORM

To: The Secretary of Prestwick St Cuthbert Golf Club, East Road, Prestwick, KA9 2SX

Please accept my entry for your _____ Open on _____

My name _____

My address/postcode _____

CDH Number _____ Telephone No. (incl area code) _____

My Handicap is _____ at _____ Golf Club, SSS _____

Age on the day (if applicable) _____ Preferred tee time _____ AM or _____ PM

Alternative tee time _____ AM or _____ PM

I enclose the entry fee of £ _____ Signed _____ Date _____

Pairs & Team Entries and/or Travelling Arrangements

Partner 1 Name _____ Club _____ Age _____ H'cap _____

CDH No _____

Partner 2 Name _____ Club _____ Age _____ H'cap _____

CDH No _____

Partner 3 Name _____ Club _____ Age _____ H'cap _____

CDH No _____

The above entrants are playing/travelling together and request tee times within 30 minutes of each other if possible (delete if not applicable).

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For St Cuthbert use only

To _____ of _____ Golf Club

Event _____ On _____

Thank you for your entry fee.

You have been allocated the following tee time _____

Please check in 15 minutes beforehand. Handicap certificates will be required YES/NO

PLEASE ENCLOSE SAE/EMAIL ADDRESS IF NOT A MEMBER