



Cavendish Golf Club Open Competition Entry Form

ONLINEFORM/2007/SDAVIS/CAVGOLF/OPENCOMPS

Name Of Competition _____

Date Of Competition ____ / ____ / 20 ____

	Name Of Competitor	Golf Club	Handicap
1			
2			
3			
4			

Preferred Start Time* _____

Contact Name: _____

Address 1: _____

Address 2: _____

Town/City: _____

Post Code: _____ Telephone: _____

Mobile: _____

E-Mail Address: _____ @ _____

ALL PRIZE WINNERS WILL BE EXPECTED TO ATTEND THE PRESENTATION AND PRODUCE AN UP TO DATE HANDICAP CERTIFICATE.

Completed form with Entry Fee and S.A.E to be sent to:
Shirley Davis, Cavendish Golf Club Limited, Gadley Lane, Buxton, SK17 6XD
Telephone: 01298 79708 E-Mail: accounts@cavendishgolfclub.com

Cheques Made Payable to Cavendish Golf Club Limited

*Tee Time cannot be guaranteed. Once entry is processed the final tee time will be sent out.