



MONDAY 2nd SEPTEMBER 2013

FIRST NAME SURNAME
TELEPHONE NO HANDICAP CDH no.....
CLUB.....
ADDRESS.....
Email

PARTNERS:

1) FIRST NAME: SURNAME:.....
CLUB H'CAP CDH No.....

2) FIRST NAME: SURNAME:.....
CLUB..... H'CAP CDH No.....

I enclose entry fee for £40.50 per team

Less £7.50 per member

Please make cheques payable to :

"BURGHILL VALLEY GOLF CLUB LADIES SECTION"

Further entry forms can be downloaded from www.bvgc.co.uk

All players must have an active CONGU handicap -7/8 of full handicap

Food will be available all day.

Please state a preferred starting time 08.26-15.00:.....

.....

I enclose a SAE for starting time. Cheques will not be refunded after 16th

August 2013. Please remember your active handicap certificate

Contact name - Mrs J Brookes, The Heights, Orcop, Hereford. HR2 8SF. Tel
01981 540440. Email: brookes607@btinternet.com

NAME TEE TIME

BURGHILL VALLEY GOLF CLUB

SENIOR LADIES OPEN - 3 BALL ALLIANCE

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