

Skelmorlie Golf Club

www.skelmorliegolf.co.uk



GENTS SCRATCH & HANDICAP OPEN COMPETITION SATURDAY 24th MAY 2008

THIS FORM MAY BE USED BY UP TO 2 ENTRANTS

**PRINT THEN COMPLETE & RETURN BY 17TH MAY 2008,
WITH ENTRY FEE & SAE TO:**

**MATCH SECRETARY
SKELMORLIE G.C.
SKELMORLIE, AYRSHIRE
PA17 5ES**

GOLFER 1

GOLFER 2

Name:-

Name:-

Address:

Address:

.....

.....

Post Code:

Post Code:

Tel:

Tel:

Club:

Club:

Handicap (Max 24)

Handicap (Max 24)

Preferred start time

Preferred start time

(A maximum handicap of 24 will be allocated to golfers with higher than 24 handicaps)

**ENTRY FEE: £6.00 PER ENTRANT ENCLOSED
MAKE CHEQUES PAYABLE TO "SKELMORLIE GOLF CLUB"**

TEE OFF TIMES ONLY RESERVED ON PAYMENT OF ENTRY FEE

ENCLOSE SAE or E-MAIL ADDRESS FOR NOTIFICATION OF START TIME

e-mail address or SAE:

----- Club Use Only below line - Do not fill in -----

**MATCH SECRETARY
SKELMORLIE G.C.
SKELMORLIE,
AYRSHIRE, PA17 5ES**



**SKELMORLIE GOLF CLUB
GENTS SCRATCH & HANDICAP OPEN
COMPETITION
SATURDAY 24th MAY 2008**

Thank you for your application for the above open comp. We look forward to meeting you & hope you have an enjoyable and successful day's golf.

Golfer 1:.....Your tee off time is

Golfer 2:.....Your tee off time is

**All Competitors must register with the starter
10 minutes before their start time
Contact Telephone number on day 01475 520152 (Clubhouse)**