

# Skelmorlie Golf Club

www.skelmorliegolf.co.uk



## SENIORS SCRATCH & HANDICAP OPEN COMPETITION THURSDAY 11th SEPTEMBER 2008

**THIS FORM MAY BE USED BY UP TO 2 ENTRANTS**

**PRINT THEN COMPLETE & RETURN BY 4TH SEPTEMBER 2008,  
WITH ENTRY FEE & SAE TO:**

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

Catering will be available on the day

GOLFER 1

GOLFER 2

Name:- .....

Name:- .....

Address: .....

Address: .....

.....

.....

Post Code: .....

Post Code: .....

Tel: .....

Tel: .....

Club: .....

Club: .....

Handicap ..... Age .....

Handicap ..... Age.....

Preferred start time .....

Preferred start time .....

(Three age categories will operate: 50-59, 60-64 & 65 & over)

Team Trophy – 3 Members from same club may enter a team for the team trophy

If you wish to enter the team competition, please list other 2 members of your team below

**ENTRY FEE: £8.00 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  
SENIORS SCRATCH & HANDICAP OPEN  
COMPETITION**

**THURSDAY 11th SEPTEMBER 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)**