



## ENTRY FORM - OPEN COMPETITIONS 2017

<b>Competition:</b>				<b>Date:</b>			
Please tick your preferred playing time below. You will require a CONGU handicap.							
<b>Preferred Playing Time</b>	0900 - 1100		1100 - 1300		1300 -1500		

<b>1<sup>st</sup> Players Name:</b>			
<b>Club:</b>			
<b>Address:</b>			
<b>Contact Tel. No:</b>		<b>Handicap</b>	
<b>Contact Email address:</b>		<b>CDH #</b>	

Please complete the appropriate sections below for the additional players in your Pair or Team.

<b>2<sup>nd</sup> Players Name:</b>		<b>Handicap</b>	
<b>Club:</b>		<b>CDH #</b>	

<b>3<sup>rd</sup> Players Name:</b>		<b>Handicap</b>	
<b>Club:</b>		<b>CDH #</b>	

<b>4<sup>th</sup> Players Name:</b>		<b>Handicap</b>	
<b>Club:</b>		<b>CDH #</b>	

Your entry will not be treated as valid, and no tee-time will be allocated, until your entry fee is received by the Letham Grange Golf Club. No refunds will be made after the Draw has been published.

**Please make cheques payable to Letham Grange Golf Club**  
and forward with your entry form to: -

The Competitions Secretary  
Letham Grange Golf Club  
Letham Grange  
Arbroath DD11 4RL

Or call the Golf Desk on 01241-890373 if you would prefer to pay by debit/credit card