



SOUTHWELL GOLF CLUB

CHARITY OPEN

AM AM STABLEFORD

SUNDAY JULY 5th 2020

IN AID OF

PROSTATE CANCER & SOUTHWELL FIRST RESPONDERS

18 HOLES AM AM STABLEFORD

(Any Combination of Men & Ladies)

ENTRANCE FEE: £60.00 PER TEAM

HANDICAP -

ALLOWANCE FULL

ENTRY

Please make Cheques payable to: 'Southwell Golf Club'.
Please Send a Self Addressed Envelope or email address with your entry form.

START TIMES

A copy of the start sheet will be posted on the Main Noticeboard website
All visiting players will be notified by post or email.

CATERING

Food will be available throughout the day. To register your requirement for a meal after play please fill in details at the bottom of the entry form. Or for special dietary needs - please contact: Our Catering Manager telephone 01636 816501, Meals are at variable prices. **(Meal not included in Competiton Entry Fee).**

RECEPTION

PLEASE ALLOW 30 MINUTES FOR REGISTRATION AND REPORT TO THE STARTER AT LEAST 10 MINUTES BEFORE YOUR DESIGNATED START TIME.

RULES

The Competition will be played according to the R & A Rules of Golf. Competitors should acquaint themselves with Southwell Golf Club - Local Rules before commencement of play.

PRESENTATION

The Club Captain will present Prizes at approximately 6.30 pm or as soon as possible after the last match has completed. **Prizes will be allocated according to numbers of entries to each section i.e. Men, Mixed and Ladies. Sections may be combined if necessary.**

DRESS

Southwell Golf Club operates a strict dress code on the Course.
(Smart Casual wear is required in the Clubhouse)

ACTIVE/HANDICAP

An Active Handicap will be required to enter the competition.

.....**Cut & Detach Here**.....
(Please return this portion of the form with remittance to SGC Charity Open Organiser, 22, Bessemer Drive, Mansfield, Notts, NG18 4FY. Any queries please telephone 07812 404407 or e-mail thepawsons1@gmail.com)

**SOUTHWELL GOLF CLUB CHARITY OPEN COMPETITION
PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS**

Name	M/F	Club	H/Cap	Food Y/N

TEAM CONTACT ADDRESS.....

.....**Post Code**.....**Tel No**.....

EMAIL ADDRESS **@**

Please circle preferred start time, allocated on a 'First come, First served' Basis)

08.30 to 10.30 / 10.40 to 1.00 / 1.10 to 2.30

Do not forget to enclose cheque payment and a S.A.E. with application

