

PRESTATYN GOLF CLUB



OPEN COMPETITION ENTRY

Competition entered _____
Date _____

Name _____ Tel _____
Address _____
Club _____
Handicap _____ (Certificate required)

Partner _____ Club _____
Handicap _____ (Certificate required)

Preferred Starting Time _____ am/pm
(Please enclose SAE for starting time)

START TIME ALLOCATED	AM/PM
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Entry fee enclosed £ _____
(Unless entry fee is enclosed, entry will NOT be accepted)

Applicants must be members of a recognised Golf Club with a Handicap. Golf Society Handicaps are not valid.

Meals available all day - please tick if required