

THORNHILL GOLF CLUB

**SENIOR SERIES ACCUMULATOR 5**

FRIDAY 31<sup>ST</sup> AUGUST 2012

**PLEASE PRINT DETAILS**

Name:			
Address:		Telephone Number: (Essential)	
Home Golf Club:		Handicap:	C D H Id Number:
Club Official's Signature		Preferred starting time: (This is not always possible)	

I accept the Conditions for this competition .....Signature

**I ENCLOSE THE ENTRY FEE OF £9.00  
THIS MUST BE PAID WITH ENTRY AND IS NON REFUNDABLE AFTER THE DRAW HAS BEEN MADE**

PLEASE RETURN THIS FORM TO: (PLEASE MARK ENVELOPE "SENIOR SERIES")  
MATCH SECRETARY, THORNHILL GOLF CLUB, BLACKNEST, THORNHILL, DUMFRIESSHIRE, DG3 5DW  
BY FRIDAY 17<sup>TH</sup> AUGUST 2012