



THORNHILL GOLF CLUB

OPEN COMPETITION ENTRY FORM

Competition

Comp. Date

	Name	Handicap	Home Club
Player 1			
Player 2			
Player 3			
Player 4			
	E-mail address		
	Contact Tel. No.		
	Preferred Tee Time:		
	Fee Paid		

PLEASE PAY FEE WITH ENTRY, CHEQUES PAYABLE TO "Thornhill Golf Club"

PLEASE RETURN THIS FORM TO: (PLEASE MARK ENVELOPE "Open Competition")
 MATCH SECRETARY, THORNHILL GOLF CLUB, BLACKNEST, THORNHILL, DUMFRIESSHIRE, DG3 5DW
CLOSING DATE IS 2 WEEKS PRIOR TO COMPETITION DATE



THORNHILL GOLF CLUB

OPEN COMPETITION ENTRY FORM

Competition

Comp. Date

	Name	Handicap	Home Club
Player 1			
Player 2			
Player 3			
Player 4			
	E-mail address		
	Contact Tel. Number		
	Preferred Tee Time:		
	Fee Paid		

PLEASE PAY FEE WITH ENTRY, CHEQUES PAYABLE TO "Thornhill Golf Club"

PLEASE RETURN THIS FORM TO: (PLEASE MARK ENVELOPE "Open Competition")
 MATCH SECRETARY, THORNHILL GOLF CLUB, BLACKNEST, THORNHILL, DUMFRIESSHIRE, DG3 5DW
CLOSING DATE IS 2 WEEKS PRIOR TO COMPETITION DATE