

OPEN COMPETITION ENTRY FORM



STRATHPEFFER SPA
GOLF CLUB

Name of Event:	
Date of Event:	
Name:	
Address:	
Post Code:	
Telephone/Mobile:	
Email:	
Would you like notified by email when the start sheet and results are posted? Y/N:	
Home Club:	
Handicap:	
Date of Birth:	
Preferred Time:	
<u>Partner 1 (if applicable):</u> Name: Home Club: Handicap:	
<u>Partner 2 (if applicable):</u> Name: Home Club: Handicap:	
<u>Partner 3 (if applicable):</u> Name: Home Club: Handicap:	