LINKS GOLF CLUB NEWMARKET

JUNIOR OPEN ENTRY FORM

MONDAY 12th APRIL 2010

NAME……..……..

DATE OF BIRTH ……...…… AGE (at 1/1/2010). ……

ADDRESS……..……

……..

……..

POSTCODE….....TEL. ……

GOLF CLUB. ……

0-21 H'caps only If you wish to be part of a team, please advise team names **on the day** (at registration).	Handicaps 0-21 **My Handicap:** …… I enclose £15.00	☐
	Handicaps 22-36 **My Handicap:** …… I enclose £10.00	☐
	Meal Option: Jacket Potato, Beans & Cheese	☐
	or Sausage & Chips	☐

(Cheques payable to "Links Golf Club")

A CURRENT HANDICAP CERTIFICATE MUST BE PRODUCED ON THE DAY

PARENTS / CADDIES / BALL SPOTTERS ARE NOT PERMITTED ON THE COURSE

Return your completed entry form to:

The Secretary, Links Golf Club
Cambridge Road, Newmarket, Suffolk CB8 OTG
Telephone: 01638 663000 Fax: 01638 661476

ENTRIES CLOSE TUESDAY 30th MARCH 2010

******REMEMBER TO INCLUDE******

Parent Consent Form	Entry Fee	Stamped SAE (for Start Times)
☐	☐	☐