# ***SOUTH BEDS GOLF CLUB – OPEN AMATEUR MIXED GREENSOMES***

## ***SUNDAY 10th OCTOBER 2010***

| | |
|---|---|
| EVENT: | 18 HOLE STABLEFORD STARTING AT 11.00 A.M.<br>(OPEN TO NON-SOUTH BEDS GOLF CLUB MEMBERS ONLY) |
| HANDICAP: | ALL COMPETITORS MUST BE MEMBERS OF A RECOGNISED GOLF CLUB AND HAVE A CURRENT HANDICAP CERTIFICATE.<br><br>½ OF COMBINED HANDICAPS.<br>MAXIMUM ALLOWANCE PER COUPLE 18. |
| PRIZES: | 1ST, 2ND AND 3RD<br>BEST FRONT NINE HOLES AND BEST BACK NINE HOLES.<br>TIES FOR ANY PRIZE WILL BE DECIDED BY COUNTBACK ON THE BACK 9, 6, 3 OR 1 AS NECESSARY. |
| ENTRANCE FEE: | £50 PER COUPLE (INCLUDING EVENING MEALS).<br>VEGETARIANS CAN BE CATERED FOR BY PRIOR REQUEST. |
| ENTRIES: | ENTRIES WILL BE TAKEN STRICTLY IN ORDER OF RECEIPT TO A LIMIT OF 54 COUPLES AND WILL CLOSE ON 27th SEPTEMBER 2010 OR EARLIER IF FULL. |

.....

## ***SOUTH BEDS GOLF CLUB – ENTRY FORM***

*TO: THE ASSISTANT SECRETARY, SOUTH BEDS. GOLF CLUB, WARDEN HILL ROAD, LUTON, LU2 7AE.*
*TELEPHONE: 01582 591500*

*EVENT: OPEN AMATEUR MIXED GREENSOMES – SUNDAY 10th OCTOBER 2010*
*(NON-SOUTH BEDS GOLF CLUB MEMBERS ONLY)*

*CHRISTIAN NAME ..... SURNAME ..... Mr/Mrs/Miss*

*ADDRESS .....*

*.....POST CODE ..... TEL: NO. .....*

*EMAIL ADDRESS.....*

*NAME OF CLUB .....HANDICAP .....*

*PARTNER'S CHRISTIAN NAME ..... SURNAME ..... Mr/Mrs/Miss*

*NAME OF CLUB .....HANDICAP.....*

*PLEASE TICK PREFERRED STARTING TIME*

*11.00 – 12.00 .....*
*12.00 – 13.00 .....*
*13.00 – 14.00 .....*

*WE WOULD LIKE TO PLAY WITH .....*
*(PLEASE LEAVE BLANK IF FELLOW COMPETITORS ARE REQUIRED)*

*A CHEQUE FOR ENTRANCE FEE OF £50 PER COUPLE IS ENCLOSED. PLEASE MAKE CHEQUES PAYABLE TO SOUTH BEDS GOLF CLUB.*