

PLEASINGTON GOLF CLUB



GENTS OPEN FOUR MAN TEAM

SUNDAY 29th AUGUST 2010

Limited to members of recognised Golf Clubs
with individual playing handicaps of 24 or less

Entry Fee – £110.00 per team of four

Entries must be sent to the Secretary/General Manager of Pleasington Golf Club
together with a stamped addressed envelope and the full entrance fee

CONDITIONS

1. All ties will be determined by reference to the Rules of the Lancashire Union of Golf Clubs.
2. The Committee's decision on any dispute is final.
3. The Committee reserve the right to refuse an entry without giving a reason.
4. The competition will be limited to 48 teams. In the event of more than 48 entries being received the first 48 entries received will be accepted. The Committee reserve the right to accept extra entries at their discretion.
5. Playing handicaps - which must be verified - may not exceed 24.
6. The competition is limited to amateur golfers who are members of recognised golf clubs.
7. Starting times will be posted to one member of each team and he will be responsible for notifying his partners.
8. No competitors may take more than one prize. All prize winners must hold an active handicap.
9. The use of a distance measuring device is permitted for this competition.
10. **Dress rules on the day:** Jeans, trainers or collarless shirts are not allowed either on the course or in the clubhouse at any time. Smart casual wear is allowed in the dining room only up to 8.00pm Jackets and ties are required after this time.
11. No refunds will be made to any competitors who withdraw within 7 days of the competition.

OPEN FOUR MAN TEAM ENTRY FORM

Date

To the Secretary/General Manager
Pleasington Golf Club
Pleasington, Nr. Blackburn BB2 5JF

Dear Sir

Please enter our names as competitors in the Open Four Man Team to be played at Pleasington over 18 holes on Sunday, 29th August, 2010, for which the entrance fee of £110.00 is enclosed.

Surname (1) Surname (2)

Christian Name (1) Christian Name (2)

Handicap Handicap

Club Club

Surname (3) Surname (4)

Christian Name (3) Christian Name (4)

Handicap Handicap

Club Club

Address

.....

..... Post Code.....

Telephone Number

Handicap Verification Secretary

Approximate starting time required

N.B. Entrants must play off the lowest handicap they hold.

PLEASE SEND STAMPED ADDRESSED ENVELOPE

FROM THE WEB