



OPEN COMPETITION ENTRY FORM 2019

NAME OF EVENT	DATE

COMPETITOR(S)	H'CAP	CDH NO.	HOME CLUB	D.O.B (IF U18 ON 1/1/19)

LEAD CONTACT NAME & ADDRESS	CONTACT TEL NO.	EMAIL
PREFERRED START TIME(S) IF AVAILABLE - STATE TIME OR EARLY/LATE:		

Please Tick Payment Option

- I enclose a cheque made payable to Newquay Golf Club in the sum of £..... as entry for the above event.
- I have made an BACS payment to A/C No: 00163263, 30-96-03 for £.....
 Lead Name as a reference must be quoted on payment.
- I have made a card payment by phone on (Date) for £.....

Please send entry to The Secretary/Manager, Newquay Golf Club, Tower Road, Newquay, Cornwall, TR7 1LT. Email: info@newquaygolfclub.co.uk Tel: 01637 874354 Opt 1