

TROON St. MEDDANS G.C. OPEN COMPETITION

Saturday 10th August 2019

BLOCK ENTRY SHEET

CLUB: _____

Entry fee £10 per player

Closing Date for entries: Saturday 27th July 2019.

Name	H/cap	CDH No.	Requested Time	Fee paid

CLUB SECRETARY PLEASE COMPLETE

I confirm that the above handicaps are correct at the time of entry and I enclose payment of £_____, being the full amount due for the entries indicated.

Signature: _____ Print name: _____ Tel: _____

Closing date Saturday 27th July 2019. Return address: The Secretary, Troon St. Meddans G.C., Troon Municipal Golf Courses, Harling Drive, Troon KA10 6NF.