

NELSON GOLF CLUB

Kings Causeway, Brierfield, Nelson, Lancashire, BB9 0EU

COMPETITION NAME _____

DATE:

NAME	CLUB	HANDICAP	PHONE NO.

PREFERRED PLAYING TIME _____AM/PM

Please provide your e mail address for confirmation of your tee time. If you would prefer written confirmation, please attach a stamped addressed envelope.

E Mail address _____

Competition handicaps only.

**Competitors must be members of Clubs affiliated to
England Golf.**

**For postal entries, please make cheques payable to Nelson
Golf Club and return to:**

**The Professional, Nelson Golf Club, Kings Causeway,
Brierfield, Nelson, Lancashire, BB9 0EU Tel 01282 617000.**

**If you have a medical condition that requires the use of your own
Electric Buggy/Personal Ride on Buggy, please contact the Business
Manager for prior approval. Such use is also subject to acceptable
course conditions on the day.**

Catering will be available throughout the day.