****

Pembridge Lane, Brickendon, near Hertford, SG13 8PD

Tel: 01992 511258 Email:play@bggc.org.uk www.bggc.org.uk

**LADIES OPEN**

**WEDNESDAY 5th SEPTEMBER 2018**

**18 HOLE STABLEFORD TEAM EVENT**

Enter in teams of 4 - Best 3 scores from 4 on each hole to count

Handicap Certificates required on the day

Entry fee £39 per player

(includes coffee/tea on arrival and two course carvery lunch)

Changing is not required

Prizes – 1st, 2nd, 3rd, 4th, Best Front and Best Back

Coffee available from 7.45am First Tee Off 8.45am

Entries close 23rd June No refunds after 1st August

A draw will be made if over subscribed but substitutes permitted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENTRY FORM FOR BRICKENDON GRANGE GOLF CLUB LADIES OPEN**

**WEDNESDAY 5th SEPTEMBER 2018**

Lead Name ....................................................................... Handicap ...................................

Address ....................................................................... CDH No ...................................

Email ....................................................................... Tel no ...................................

Club .......................................................................

2nd Player ....................................................................... Handicap ...................................

Club ....................................................................... CDH No ...................................

3rd Player ....................................................................... Handicap ...................................

Club ....................................................................... CDH No ...................................

4th Player ....................................................................... Handicap ...................................

Club ....................................................................... CDH No ...................................

Special dietary requirements .....................................................................................................................

Please return this form together with your remittance to the address above

We will only contact the Lead Name. Please photocopy this sheet if further entries are required

Please send an SAE if you would like the start sheet sent by post