SCARCROFT GOLF CLUB



# MENS SENIORS OPEN DAY

**(over 55)**

**MONDAY 22nd JUNE 2020**

**(TEE TIMES 8.00 A.M. TO 4.00 P.M.)**

##### ENTRY FEE £50 PER TEAM

## **TAKE THIS OPPORTUNITY TO PLAY A TOP CLASS COURSE**

***AND WIN SOME EXCELLENT PRIZES***

***Scarcroft Members are not allowed to play.***

 COMPETITION FORMAT: 18 HOLES – **FOURBALL BETTER BALL**

HANDICAP LIMIT 24

### PLEASE BOOK EARLY TO AVOID DISAPPOINTMENT

**ON LINE BOOKING AVAILABLE**

#### ENTRY FORMS AVAILABLE FROM YOUR CLUB SECRETARY OR FROM: -

#### THE CLUB MANAGER

SCARCROFT GOLF CLUB

SYKE LANE

SCARCROFT

LEEDS, LS14 3BQ

Tel no 0113 2892311

Email: admin@scarcroftgolfclub.co.uk website: [www.scarcroftgolfclub.co.uk](http://www.scarcroftgolfclub.co.uk)

**CONGU ACTIVE HANDICAP CERTIFICATE MUST BE PRESENTED ON THE DAY**

**SCARCROFT GOLF CLUB ENTRY FORM**

**MENS SENIOR OPEN DAY**

**(**MAXIMUM HANDICAP 24)

**MONDAY 22nd JUNE 2020**

(**Tee times 8.00 a.m. to 4.00p.m.)**



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names** | **Address & Phone No of Player 1** | **Club** | **H’cap** | **Pref’d Start Time am/pm** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

 EMAIL ADDRESS……………………………………………………………..

Player one………………………………………………………CDH Number………………………………

Player two………………………………………………………CDH Number………………………………

Player three……………………………………………………CDH Number………………………………

Player four………………………………………………………CDH Number………………………………

Entry fee of **£50** per pair made payable to **Scarcroft Golf Club**

**cheque to be sent to:**

**Scarcroft Golf Club, Syke Lane, SCARCROFT, Leeds. LS14 3BQ Tel no 0113 2892311**

**BOOKING CONFIRMATION RECEIVED BY EMAIL VIA BRS**

***COMPLETE ENTRIES ACCEPTED IN ORDER OF RECEIPT***

***ACTIVE HANDICAP CERTIFICATES REQUIRED ON DAY***