**Open Competition Entry Form**

|  |  |
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| **Competition** |  |
| **Date** |  |  |
| **Preferred Tee Time** |  |  |  |
| **Player Name** | **Club** | **Handicap** | **CDH Number** | **Contact Details** |
|  |  |  |  |  |
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|  |  |  |  |  |

**Please return this form to: -**

**By email:** **pro@holywellgc.co.uk**

**By Post: The Professional**

**Holywell Golf Club**

**Brynford**

**Holywell**

**Flintshire**

**CH8 8LQ**

**By Telephone: 01352 710040 (Option 2)**

**Please include all the details above when phoning an entry.**