



# Wells Golf Club Open Entry Form

Name of Open: \_\_\_\_\_ Date of Open: \_\_\_\_\_

		<i>Handicap</i>	<i>Home Club</i>
1	<i>NAME:</i>		
	<i>CDH No:</i>		
2	<i>NAME:</i>		
	<i>CDH No:</i>		
3	<i>NAME:</i>		
	<i>CDH No:</i>		
4	<i>NAME:</i>		
	<i>CDH No:</i>		

***Only teams with CONGU 'c' (competition) handicaps eligible to win prizes.***

*Contact Name* \_\_\_\_\_ *Tel no:* \_\_\_\_\_

*Email address:* \_\_\_\_\_

Return entry form to **Wells Golf Club, Blackheath Lane, Wells, Somerset, BA5 3DS**

Cheques made payable to 'Wells Golf Club' please

**Tel no: 01749 675005**

***Refunds only if notice of cancellation given 7 days before date of Open***