

# TAMWORTH GOLF CLUB



## PAUL ATKINSON OPEN 4-BALL ALLIANCE

**Sunday 28<sup>th</sup> October 2012**

Entry fee: £60 per team

Name..... Club..... Hcp.....

Name..... Club..... Hcp.....

Name..... Club..... Hcp.....

Name..... Club..... Hcp.....

Handicap Limits: Men 28, Ladies 36 Max.

**HANDICAP CERTIFICATES WILL BE REQUIRED WHEN BOOKING IN.**

Start Times from 09.00 am

Start times (Early or later). ..... (Please indicate preference)

Name: .....

Address :.....

.....

Tel. No .....

I enclose a Stamped Addressed Envelope and cheque for £.....

Cheques to be made payable to Tamworth Golf Club. Entries not accepted unless fee paid.

All prize winners are expected to attend the presentation.

Please forward your remittance, S.A.E. and completed entry form to :

**Tamworth Golf Club**

Eagle Drive

Amington

TAMWORTH

Staffs. B77 4EG

..... (For office use)

**Tamworth Golf Club**

**Paul Atkinson Open Alliance**

Sunday 28<sup>th</sup> October 2012

Your starting time in the above competition is.....

To enable us to maintain the starting schedule throughout the day, and in fairness to other competitors, you are requested to be ready to start play promptly at the above time. Late arrivals may be penalised.

**REMEMBER: HANDICAP CERTIFICATES ARE REQUIRED.**