



COMPETITION ENTRY FORM

COMPETITION:	DATE:
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Name	Handicap:
Name	Handicap:
Name	Handicap:
Name	Handicap:

Contact Name and Address:	Home Club:
Telephone No.	Telephone No.

Please enter your details above for the competition you wish to enter.

I enclose a cheque in the sum of:

**In payment of entry fee for theCompetition
Being held on**

Signed.....Date.....

*Please send your entry and cheque made payable to Trethorne Golf Club:
For the attention of Carole Jones
Sales Manager
Trethorne Golf Club
Kennards House Launceston
Cornwall PL15 8QE
Tel: 01566 86903 Fax: 01566 880925*