

**Cunningham Rosebowl  
Lochgreen Course Troon  
Saturday 31st July 2021**



NAME								
ADDRESS								
TOWN					POSTCODE			
TEL NO.					MOBILE			
EMAIL					CDH NUMBER			
HOME CLUB								
EXACT HANDICAP								
PREFERRED START TIME	7-8am	8-9am	9-10am	10-11am	11-12pm	12-1pm	1-2pm	ANY

I enclose **£10.00** entry fee

I declare I have read The Rules Of Amateur Status and have conformed to them in all respects. I also confirm that all of the above information is correct to the best of my knowledge.

Cheques payable to : **Troon Welbeck Golf Club** or by BACS transfer to bank account

**Troon Welbeck Golf Club - Sort Code 83-27-26 - Account No 00734553** stating name

SIGNATURE	DATE
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***CERTIFICATION OF HANDICAP (only required if CDH number is not provided above)***

I certify that the **EXACT HANDICAP** of the entrant under WHS

is		Signature
Name		Position in Club

**RETURN ALL ENTRIES TO**

Match Secretary  
Troon Welbeck Golf Club  
Harling Drive  
KA10 6NF  
Email : [match@troonwelbeckgolfclub.com](mailto:match@troonwelbeckgolfclub.com)

**CLOSING DATE FOR ENTRIES**

**5pm**  
**WEDNESDAY 28th July 2021**