



**ENTRY FORM**

DATE OF COMPETITION.....

COMPETITION.....

**DETAILS OF PLAYERS**

**NAMES**

**HOME CLUB**

**HANDICAP**

NAMES	HOME CLUB	HANDICAP
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

SIGNED.....

ADDRESS.....

.....

.....

CONTACT TELEPHONE NUMBER.....

E-MAIL ADDRESS.....

ENTRY FEES TOTAL (ENCLOSED): £..... PREFERRED START TIME.....

**RETURN TO: Graham Burch Administrator Honiton Golf Club Middlehills Honiton EX14 9TR**