CORNWALL LADIES COUNTY GOLF ASSOCIATION



Handicap Index Limit – 20.4

NAME:		CLUB:	
EMAIL:			
TELEPHONE: Home/Mobile			
CDH No – (Only requ	ired if first time county Entry) :	·	
DATE OF BIRTH (IF U	NDER 25)		
FOR WESTERN MOR	NING NEWS CUP I REPRESENT:		CLUB
I wish to continue to	the Match Play Stages	YES / NO	
I am over 50 and qualify for the Oliver Cup		YES / NO	
I wish to bring a Caddie		YES / NO	
Special Dietary requi	irements Player:		
Special Dietary requi	irements Caddie:		
ENTRY QUALIFICAT of which 5 must be DRESS CODE – All F	FIONS - All Entrants must hav from Authorised Competitio	-	idicap record
		el (Extra Meals £20 to be paid wi	th Entry)
CHEQUES PAYABLE			
		_ CHQ No	-
BACS: Cornwall La	dies County Golf Association	,	
Sort code 09-01-55	Acc No 39382086 Please	e quote ref: CHAMPS	
*I am emailing form	and BACS payment for: £	made on	_2024
ENTRIES TO:	Debbie Harmer, 10 Lydcott	Crescent, Widegates, Looe PL13 1	QG
Tel: 07860 636106 / 01503 241208			

Closing Date 21/03/24 (No Refunds after Closing date without replacement)