



## LADIES OPEN COMPETITION ENTRY FORM 2024

NAME OF EVENT	DATE

COMPETITOR(S)	H'CAP	WHS NUMBER	HOME CLUB	D.O.B (If U18 on 01/01/23)

LEAD CONTACT NAME & ADDRESS	CONTACT TEL NO.	EMAIL
PREFERRED START TIME(S) IF AVAILABLE - STATE TIME OR EARLY/LATE:		

- *COMPETITORS MUST PROVIDE THEIR WHS NUMBER ON ENTRY AND BE A MEMBER OF AN AFFILIATED GOLF CLUB. PLAYERS WITH AN "IGOLF" HANDICAP ARE NOT ELIGIBLE TO ENTER OUR OPEN COMPETITIONS OTHER THAN THE WEEKDAY AUTUMN FESTIVAL COMPETITIONS*
- *COMPETITORS ARE REQUIRED TO HAVE RETURNED 3 QUALIFYING SCORES, FOR HANDICAP, IN COMPETITIONS PLAYED IN THE PREVIOUS 12 MONTHS FROM THE DATE OF THIS COMPETITION. GENERAL PLAY ROUNDS DO NOT COUNT*

**Please Tick Payment Option**

- ☐ I enclose a cheque made payable to Newquay Golf Club in the sum of £.....  
as entry for the above event.
- ☐ I have made a BACS payment to A/C No: 00163263, 30-96-03 for £.....  
Lead Name as a reference must be quoted on payment.
- ☐ I have made a card payment by phone on (Date) ..... for £.....

Please send entry to Ladies Open Day Secretary, Newquay Golf Club, Tower Road, Newquay, Cornwall, TR7 1LT.  
Email: [kapoole@btinternet.com](mailto:kapoole@btinternet.com)