



Gents Veterans Individual Open
@ Upchurch River Valley Golf Club
Monday 10th July 2017

Address to send entry:

Graham Driscoll - Veterans Open
Upchurch River Valley Golf Club
Oak Lane, Upchurch
Sittingbourne, Kent, ME9 7AY

Cheque Payable to:

URVGC

Main Details:

- Entry Fee: **£30**
- Closing Date: **30th June 2017**
- Format: **Individual Stableford**
- Handicap Limit: **28**
- Age Limit: **60+**

Other Info:

- Includes coffee on arrival and 2-course lunch.

TYPE YOUR DETAILS IN THE SPACES BELOW > PRINT THE ENTRY-FORM > POST THE FORM WITH PAYMENT TO THE ABOVE ADDRESS

YOUR DETAILS

First Name	<input type="text" value="Your First Name"/>	Golf Club	<input type="text" value="Your Golf Club"/>
Last Name	<input type="text" value="Your Last Name"/>	Handicap	<input type="text" value="Your Handicap"/>
Telephone	<input type="text" value="Your Phone Number"/>	CDH ID [?]	<input type="text" value="Your CDH ID Number"/>
Email	<input type="text" value="Your Email Address"/>	Date of Birth*	<input type="text" value="DD/MM/YYYY"/>

ADDRESS (& PREFERRED START TIME)

Address 1	<input type="text" value="House Number and Street"/>	County	<input type="text" value="Your County or Region"/>
Address 2	<input type="text" value="Address 2"/>	Postcode	<input type="text" value="Your Postcode"/>
Town or City	<input type="text" value="Town or City"/>	Start Time	<input type="text" value="Early/Mid/Late"/>

USE THE BELOW FOR PAIRS & TEAM EVENTS

PLAYER 2

Player 2	<input type="text" value="Player 2 Name"/>	Player 2 CDH	<input type="text" value="Player 2 CDH ID"/>
Player 2 GC	<input type="text" value="Player 2 Golf Club"/>	Player 2 Tel	<input type="text" value="Player 2 Phone"/>
Player 2 Hcp	<input type="text" value="Player 2 Handicap"/>	Player 2 DOB*	<input type="text" value="Player 2 Date of Birth"/>

PLAYER 3

Player 3	<input type="text" value="Player 3 Name"/>	Player 3 CDH	<input type="text" value="Player 3 CDH ID"/>
Player 3 GC	<input type="text" value="Player 3 Golf Club"/>	Player 3 Tel	<input type="text" value="Player 3 Phone"/>
Player 3 Hcp	<input type="text" value="Player 3 Handicap"/>	Player 3 DOB*	<input type="text" value="Player 3 Date of Birth"/>

PLAYER 4

Player 4	<input type="text" value="Player 4 Name"/>	Player 4 CDH	<input type="text" value="Player 4 CDH ID"/>
Player 4 GC	<input type="text" value="Player 4 Golf Club"/>	Player 4 Tel	<input type="text" value="Player 4 Phone"/>
Player 4 Hcp	<input type="text" value="Player 4 Handicap"/>	Player 4 DOB*	<input type="text" value="Player 4 Date of Birth"/>

[Print Entry-Form](#)

PLEASE READ OUR ADVICE FOR GOLFERS REGARDING ENTERING OPEN GOLF COMPETITIONS

COMPETITION CONGU HANDICAP REQUIRED - ENSURE EMAIL IS STATED OR ENCLOSE SAE FOR POSTAL TEE TIME NOTIFICATION. *DATE OF BIRTH REQUIRED FOR SENIOR & JUNIOR EVENTS ONLY.