

ASTBURY GOLF CLUB

Peel Lane, Astbury, Congleton, Cheshire CW12 4RE
Tel: 01260 272772

2012 OPEN COMPETITIONS

PLEASE RETAIN THIS PORTION

Additional entry forms or to apply online see www.astburygolfclub.com.

<u>Date</u>	<u>Competition</u>	<u>Format</u>	<u>Fee (Pair)</u>	<u>Notes</u>
14 th June	MEN'S OPEN	Better Ball Stableford	£30	1, 6, 7, 8
21 st July	FAMILY GREENSOMES	Greensome Stableford	£30	2,3, 6, 7, 8
16 th Aug	SENIORS MIXED OPEN	Greensome Stableford	£30	5, 6, 7, 8
23 rd Aug	CAPTAINS CHARITY	Better Ball Stableford	£34	3, 6, 7, 8
6 th Sept	MIXED GREENSOMES	Greensome Stableford	£30	4, 6, 7, 8

NOTES

- 1) Strokes allowed ¾ of handicap– Handicap limit 28 (21 strokes).
- 2) Any family pairing eg: Husband, Wife, Father, Mother, Son, Daughter, Partner, Brother, Sister, Grandchild, Cousin or In-Laws.
- 3) Any Two Gents, Two Ladies, Mixed, Adult & Junior. Handicap limit Men-28, Ladies-36, Juniors (under 15yrs) -36. Proceeds in aid of Captains Charity.
- 4) Handicap limit Men-28, Ladies-36.
- 5) Competitors must be at least 55 years of age on the Day of Play. Handicap limit Men-28, Ladies-36.
- 6) Please send:
 - a) Entry Form per pair (or equivalent details on extra pages).
 - b) Cheque payable to Astbury Golf Club Ltd. For the total fees.
 - c) Stamped addressed envelope or E-mail address.

To: OPEN COMPETITIONS
ASTBURY GOLF CLUB
PEEL LANE, ASTBURY
CONGLETON, CHESHIRE CW12 4RE

- 7) Starting times will be allocated on receipt of entry.
- 8) CONGU Handicap Certificates required.

PRESENTATION OF PRIZES: 8:30 P.M. IN THE CLUB LOUNGE

DRESS CODE: ALL COMPETITORS ARE RESPECTFULLY REMINDED JACKET AND TIES ARE REQUIRED IN THE LOUNGE AFTER 7.00 pm

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Congleton, Cheshire. CW12 4RE
Tel: 01260-272772

www.astburygolfclub.com e-mail: admin@astburygolfclub.com

Entry No.

Please enter me and my partner for the following competition:

Date	2012 Open Competitions	Fee	Tick
14 th June	MEN'S OPEN	£30	
21 st July	FAMILY GREENSOMES	£30	
16 th Aug	SENIORS MIXED OPEN	£30	
23 rd Aug	CAPTAIN'S CHARITY	£34	
6 th Sept	MIXED GREENSOMES	£30	
NAME:			
ADDRESS:			
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Tel. No:			
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E-mail:			
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CLUB:			
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HANDICAP:			
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PARTNER:			
.....			
CLUB:			
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HANDICAP			
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RELATIONSHIP:			
(Family Greensomes Only)			
No. of MEALS REQUIRED		[Payable on the Day]	
PREFERRED START TIME [Indicate in box below]			
A: 08:00 – 11:00	B: 11:00 – 13:30	C: After 13:30	