**FOREST OF GALTRES GOLF CLUB**

**SENIORS OPEN DAY**

**MONDAY 1st June 2020**

**ENTRY FEE £34 PER PAIR**

**Player 1…………………………………………………Golf Club……………………………….Handicap………………………….**

**Player 2…………………………………………………Golf Club………………………………..Handicap…………………………**

**Contact details for one player Preferred start time (9.00-1.30)…………………………………………**

**Name……………………………………………………………………Tel No………………………………………….**

**E mail address………………………………………………………………………………………………**

**I enclose a cheque for £34 made out to Forest of Galtres Golf Club or alternatively you can pay directly into our bank account please e mail the secretary for bank details.**

**Please e mail us when you have made your payment and use your name as a reference so that we can identify it**

**On receipt of your entry form and payment you will be notified of your start time by e-mail. Please enclose a SAE if you wish to be notified by post.**

**Mrs Sue Procter**

**Forest of Galtres Golf Club**

**Skelton Lane**

**York YO32 2RF**

**secretary@forestofgaltres.co.uk Thank you**