

**SOUTH WESTERN COUNTIES GOLF ASSOCIATION  
(The South Western Group of The English Golf Union)**

**SOUTH WESTERN COUNTIES BOYS AMATEUR CHAMPIONSHIP  
&  
SOUTH WESTERN QUALIFYING ROUND FOR  
THE ENGLISH BOYS COUNTY CHAMPIONSHIP FINALS  
COTSWOLD HILLS GOLF CLUB Thursday 15<sup>th</sup> July 2010**

The following is the official entry from.....

1. Each County may nominate up to 8 players for the Boys' Championship who were under the age of 18 at 00.00 hours on 1<sup>st</sup> January 2010.  
Are eligible to play in your Boys Championship.  
Must be a member of an affiliated Golf Club in their County Union or must have been born in the County and be a member of an affiliated Club in another English County.  
Must have a handicap of 6 or under.  
Must not have played for another County at any time within the previous period of one year.
2. For the English Boys County Championship, Counties wishing to compete **MUST** enter a team of **SIX PLAYERS**. **The order in which you list the players will be used as the order in which you wish them to play**  
**Final nominations for teams**  
**MUST BE CONFIMED BY 6.00 pm ON WEDNESDAY 14th JULY .**
3. Date of Birth of each player **MUST** be specified.
4. Entries **MUST** be sent by post. **BLOCK LETTERS PLEASE.**
5. Team Managers must be in possession of a current Parental Consent Forms for each player.

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**PLAYER (1)** .....**CLUB**.....

**ADDRESS**.....

..... **POST CODE** .....**TELEPHONE**.....

**DATE OF BIRTH**.....**EXACT HANDICAP**.....

**CDH ID NUMBER (If known)** .....

**PLAYER (2)** .....**CLUB**.....

**ADDRESS**.....

..... **POST CODE** .....**TELEPHONE**.....

**DATE OF BIRTH**.....**EXACT HANDICAP**.....

**CDH ID NUMBER (If known)** .....

SWCGA Boys Team Entry

**PLAYER (3)** .....**CLUB**.....

ADDRESS.....

..... POST CODE ..... TELEPHONE.....

DATE OF BIRTH.....EXACT HANDICAP.....

CDH ID NUMBER (If known) .....

**PLAYER (4)** .....**CLUB**.....

ADDRESS.....

..... POST CODE ..... TELEPHONE.....

DATE OF BIRTH.....EXACT HANDICAP.....

CDH ID NUMBER (If known) .....

**PLAYER (5)** .....**CLUB**.....

ADDRESS.....

..... POST CODE ..... TELEPHONE.....

DATE OF BIRTH.....EXACT HANDICAP.....

CDH ID NUMBER (If known) .....

**PLAYER (6)** .....**CLUB**.....

ADDRESS.....

..... POST CODE ..... TELEPHONE.....

DATE OF BIRTH.....EXACT HANDICAP.....

CDH ID NUMBER (If known) .....

**PLAYER (7)** .....**CLUB**.....

ADDRESS.....

..... POST CODE ..... TELEPHONE.....

DATE OF BIRTH.....EXACT HANDICAP.....

CDH ID NUMBER (If known) .....

PLAYER (8) .....CLUB.....

ADDRESS.....

..... POST CODE ..... TELEPHONE.....

DATE OF BIRTH.....EXACT HANDICAP.....

CDH ID NUMBER (If known) .....

**Handicaps confirmed as correct and current Parental Consent Forms held for all players.**

**TEAM MANAGER .....**

**TELEPHONE .....**

**EMAIL .....**

**Signed..... Date .....**

The ENTRANCE FEE (£5 per Player) must accompany this form.

Cheques to be made payable to – SWCGA or to pay by Internet Banking: Sort Code:- 40-09-13.

Account No:- 91638203. Ref:- *County Name Boys*

This form to reach T.C. Reynolds, the Haven, Velator, Nr. Braunton, N. Devon, EX33 2DX by **Noon** on Thursday 1st July 2010 at the very latest. Start Sheet will be available on [www.swcga.co.uk](http://www.swcga.co.uk)