

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

SOUTH WESTERN COUNTIES AMATEUR CHAMPIONSHIP
(Incorporating the South Western Counties Youths' Amateur Championship)

TREVOSE GOLF & COUNTRY CLUB
Tuesday 8th June 2010
(36 Holes of Stroke play from Scratch)

INDIVIDUAL ENTRY FORM

Each County may nominate up to 10 competitors. The total number of competitors is limited to 72. Individual entries will be accepted from up to a further 12 competitors. Should the total number of entries exceed 72 places will be balloted from those with the highest handicaps.

The Championship is open to Amateur Golfers who:

- 1 Must be members of an affiliated Golf Club in their County Union which is a Member of the Association (Cornwall, Devon, Dorset, Gloucestershire, Somerset, Wiltshire).
- 2 They must have been born in one of the counties comprising the Association or for the previous period of one year resided in one of the counties.
- 3 Must be in possession of a handicap of 4 or less.
- 4 They may not have represented nor taken part in a Golf Championship of a county outside the Association at any time within the previous period of one year.

Those eligible to compete for the Youths' Amateur Championship must be under 22 on 01.01.10 – please advise date of birth in space provided *.

PLEASE COMPLETE THE DETAILS BELOW IN BLOCK LETTERS AND RETURN TO: - T. C. REYNOLDS, THE HAVEN, VELATOR, NR. BRAUNTON, N. DEVON, EX33 2DX BY **NOON TUESDAY 25th MAY** WHEN ENTRIES CLOSE.

START SHEETS WILL BE AVAILABLE ON www.swcga.co.uk IF A HARD COPY IS REQUIRED A STAMPED ADDRESSED ENVELOP SHOULD BE ATTACHED TO THE ENTRY FORM.

I wish to enter the South Western Counties Amateur Championship at Trevoise Golf & Country Club on Tuesday 8th June 2010

THE ENTRANCE FEE OF £30.00 IS ENCLOSED (CHEQUES PAYABLE TO SWCGA) TOGETHER WITH A CURRENT HANDICAP CERTIFICATE & PARENTAL CONSENT FORM (* if applicable) AND STAMPED ADDRESS ENVELOPE IF A HARD COPY OF THE START SHEET IS REQUIRED.

To pay by Internet Banking: Sort Code:- 40-09-13. Account No:- 91638203. Ref:- *Your Name*/SWCACInd

NAME CLUB

ADDRESS

POST CODE TELEPHONE

EMAIL D.O.B. *

CDH ID NUMBER (If known)

HANDICAP:..... Current Handicap Certificate must be enclosed.

* A Current Parental Consent Form must be provided by any entrant who will be under the age of 18 on the date of the Championship.

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