

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

**THE SOUTH WESTERN COUNTIES AMATEUR CHAMPIONSHIP
(Incorporating the South Western Counties Youths' Amateur Championship)
Combined with
THE ENGLISH COUNTY CHAMPIONSHIP QUALIFYING ROUND
TREVOSE GOLF & COUNTRY CLUB
TUESDAY 8th JUNE 2010
(36 Holes of Stroke play from Scratch)**

The following is the official entry from County for the above event and the entry fee of £30 per player is enclosed. Cheques payable to SWCGA or to pay by Internet Banking: Sort Code:- 40-09-13. Account No:- 91638203. Ref:- *County Name SWCAC*

Each County may nominate up to 10 players in accordance with the rules of the Association. For the purposes of the draw, it will be assumed that the first SIX PLAYERS listed are those who will represent your County in The English County Qualifying Round and they are listed in the order in which you wish them to play. 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 *.

Final nominations for teams
MUST BE CONFIRMED BY 6.00pm ON MONDAY 7th JUNE

BLOCK LETTERS PLEASE

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

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

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

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

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

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

PLAYER (4) CLUB.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

PLAYER (5) CLUB.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

PLAYER (6) CLUB.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

PLAYER (7) CLUB.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

PLAYER (8) CLUB.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

PLAYER (9) CLUB.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

PLAYER (10) **CLUB**.....

ADDRESS

POST CODE TELEPHONE Handicap

EMAIL D.O.B. *

CDH ID NUMBER (If known)

CAPTAIN

ADDRESS

POST CODE TELEPHONE

EMAIL

SIGNED.....

(A current Parental Consent Form **MUST** be attached to this entry for any player who is under the age of 18 on the date of the Championship)

ENTRY FORM TO REACH T. C. REYNOLDS, THE HAVEN, VELATOR, BRAUNTON, NORTH DEVON, EX33 2DX BY **NOON ON TUESDAY 25th MAY** AT THE VERY LATEST. Start Sheets will be available on www.swcga.co.uk