 **Sapey Golf & Country Club**

**SENIORS AUTUMN “AM-AM”- COMPETITION**

**Wednesday 4th September 2019**

**18 Hole Stableford**

**Teams of Four – Full Handicap Allowance (Max 28)**  **- Best Two Scores to Count**

**Two course Carvery meal included**

Open to Seniors over 55 with active Club Handicap Certificates.

**Please submit this form together with entrance fees (£100.00 per team – £70.00 Sapey Members) - to arrive no later than 29th July 2019 to**:

**Sapey Golf & Country Club, Upper Sapey,**

**Nr Bromyard, Herefordshire, WR6 6XT**

**Cheques** should be made payable to **Sapey Golf Club Seniors Section**.

You will be advised of tee times by email no later than 4 weeks before the event, but if you prefer advice by post please include a stamped address envelope with your entry form. Further copies of this form may be downloaded from [www.sapeygolfandcountryclub.co.uk](http://www.sapeygolfandcountryclub.co.uk). The organisers reserve the right to withhold all or part of the entry fee in the event of withdrawals within 4 weeks of the competition date.

**Handicaps:** You are requested to advise the competition organiser of any known team changes before the day of the event with EGU-CDH Identity number for handicap checking. If changes are not advised until arrival for event registration then it is absolutely essential that EGU-CDH identity cards, or for non-affiliated club members, handicap certificates are presented.

The club reserve the right, even after prize winners have been announced, to review the results and disqualify winning teams if inactive or inaccurate handicaps have been presented.

**Prizes:** Prizes will be awarded to the top 4 teams. Prizes will be presented at the end of the competition. Any uncollected prizes will be posted on.

**Buggies – Any player requiring a buggy must book directly with Club: Tel : 01886 853288**

**Entry Form – Sapey Seniors Open AM AM – Wednesday 4th September 2019**

First Named Player – Tel No: ……………..................... Email Address:………………………………….......................

Team Name: .............................................................................. Preferred Start Time:………………………......

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| --- | --- | --- | --- |
| **Name in capitals** | **Club** | **CDH No** | **Handicap** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

Allocated Tee-Time: .............................................................