****

Pembridge Lane, Brickendon, near Hertford, SG13 8PD

Tel: 01992 511258 Email:play@bggc.org.uk www.bggc.org.uk

**LADIES OPEN**

**WEDNESDAY 2nd SEPTEMBER 2020**

**18 HOLE STABLEFORD TEAM EVENT**

Enter in teams of 4 - Best 2 scores from 4 on each hole all 4 on the par 3’s

Handicap Certificates required on the day

Entry fee £40 per player

(includes coffee/tea on arrival and two course carvery lunch)

Changing is optional

Prizes – 1st, 2nd, 3rd, Nearest the pins

Coffee available from 7.45am First Tee Off 8.45am

Entries close 5th July 2020 No refunds after 1st August

A draw will be made if over subscribed but substitutes permitted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENTRY FORM FOR BRICKENDON GRANGE GOLF CLUB LADIES OPEN**

**WEDNESDAY 2nd SEPTEMBER 2020**

Lead Name ....................................................................... Handicap ...................................

Address ....................................................................... CDH No ...................................

Email ....................................................................... Tel no ...................................

Club .......................................................................

2nd Player ....................................................................... Handicap ...................................

Club ....................................................................... CDH No ...................................

3rd Player ....................................................................... Handicap ...................................

Club ....................................................................... CDH No ...................................

4th Player ....................................................................... Handicap ...................................

Club ....................................................................... CDH No ...................................

Special dietary requirements .....................................................................................................................

Please return this form together with your remittance to the address above

We will only contact the Lead Name. Please photocopy this sheet if further entries are required

**Please send an SAE if you would like the start sheet sent by post**