CORHAMPTON GOLF CLUB

Shepherds Farm Lane, Corhampton, Hampshire SO32 3GZ

Tel:01489 877279 - email: ladiessec.corhamptongc@gmail.com

LADIES' CENTENARY SHIELD

Tuesday 3rd September 2024

Closing date Tuesday 6th August 2024, or when list is full

Foursomes Medal Eclectic, two 18 Hole rounds. Handicap Index limit 36.0

Allowance: one quarter combined course handicaps. Tee times from 8.30am

Entry Fee £45 per Club

- Clubs will be represented by FOUR players, split into two pairs for morning and afternoon rounds.
- Each pair to consist of one player (handicap index 0-21.9) and one player (handicap index 22.0-36.0). Players may exceed those limits but must play off the designated maximum.
- The Club returning the best Eclectic net score shall hold the Centenary Shield for one year (current holders are Royal Winchester).
- Players must provide their CDH id and have returned a minimum of 6 qualifying rounds (108 holes) within the preceding 12 months prior to the competition date.
- Clubs will be required to complete pre-registration to provide details of Player Names and CDH numbers by Tuesday 20th August 2024. Clubs will be notified by email when the pre-registration link is available.

Please email the completed entry form or send it by post   (marking the envelope Centenary Shield) to the Secretary at the above address

**Payment of £45 to be paid by BACS to Corhampton Golf Club,
Sort Code 16-19-28 Acc no. 10029265 – using as reference your CS24 + Club name
EG. CS24 Corhampton**

Any queries may be addressed to the Ladies' Secretary c/o Corhampton Golf Club
No refunds will be given for withdrawal from the competition after Tuesday 20th August 2024.
Players who have nominated Corhampton as their home club are not permitted to enter this competition representing any other club. All ties will be decided on the last 9, 6, 3, 1 holes. All matters relating to the competition will be decided by the Ladies' Committee, whose decision will be final.

Corhampton Golf Club – Ladies' Centenary Shield Entry Form 2024

Club ....

Contact Name ....

Tel.No. ……………………………….. **Email** ....

Date BACS payment made ……………….