

CORHAMPTON GOLF CLUB



*Shepherds Farm Lane
Corhampton
Hampshire
SO32 3GZ
01489 877279*

TEAMS of 4 – SPLIT 6'S COMPETITION

FRIDAY 28th JUNE 2024

Entries will be on a first come first served basis, limited to 42 teams.

- **ENTRY FEE: £160 - £200 per team of four (£40 members, £50.00 visitors) to 18 holes, with buffet & dessert after play and an excellent prize table.**
- **WHS handicap index ref must be provided.**
- **The competition is open to amateur ladies & male members of recognised golf clubs who must enter from their lowest home handicap. Maximum Course Handicap men 28 (handicap index 25.5 to 26.3), ladies 36 (handicap index 31.6 to 32.4).**
- **Teams of four – best 2 stableford scores on 1st six holes (1-6), best 3 stableford scores on 2nd six holes (7-12), and all 4 stableford scores on the last 6 holes (13-18)**
- **Handicap Allowance 90% of Course Handicap. Gentlemen White Tees and Card, Ladies Red Tees and Card.**
- **Please send the completed entry form, together with the entry fee, by the closing date of Wednesday 12th June 2024. The start times will be emailed after the closing date. No entry fees will be refunded after the closing date unless a replacement team can be found.**
- **Teams will be notified of their start time, which will be between 8.30am & 1.00pm. Tee times will be drawn after the closing date. We will do our best to accommodate requested times, but we cannot guarantee them. The earlier you enter the more chance you have of your request being granted.**
- **Ties will be decided on the normal countback system. In the event of any queries the decision of the Competitions Committee will be final.**

**Spooners, our halfway hut, will be open all day for
Hot & Cold Drinks, Cakes & Snacks.**

CORHAMPTON GOLF CLUB – Split 6's ENTRY FORM 2024
Friday 28th June 2024

1. Name: _____ Handicap: _____ Club: _____ CDH No: _____
2. Name: _____ Handicap: _____ Club: _____ CDH No: _____
3. Name: _____ Handicap: _____ Club: _____ CDH No: _____
4. Name: _____ Handicap: _____ Club: _____ CDH No: _____

Team contact

Name: _____ Tel. No: _____

Address: _____

_____ Post Code: _____

E-mail address: _____

Entry fee of £..... (£40 Members, £50 Visitors)

If paying by Debit/Credit card please fill out the below. If paying by bacs please add your name as the reference.
Bacs details are Corhampton Golf Club, Sort Code: 16-19-28, Bank Account No: 10029265

I have paid by BACS (please circle) YES / NO

My signature below gives Corhampton Golf Club full authority to debit £ _____
from my nominated Credit/Debit card details below.

Name printed on card _____

Card Type Visa/Mastercard, Maestro/Delta Electron/Solo (delete as appropriate)

Card Number

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Security Code

--	--	--



Valid
From

--	--	--	--

Expiry
Date

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Issue
Number

--	--

Cardholders signature _____

Please complete all required information.