

**THE HINDHEAD GOLF CLUB**  
TELEPHONE 01428 604614/FAX 01428 608508  
www.the-hindhead-golf-club.co.uk  
Email: secretary@the-hindhead-golf-club.co.uk

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## **SENIOR MEN'S OPEN MEETING**

**FOR THE MICHAEL SMITH SALVER**  
HOLDER: A.BUTE (CAMBERLEY HEATH)

18 HOLES SINGLES - STABLEFORD QUALIFYING COMPETITION  
MAXIMUM HANDICAP LIMIT 24  
MINIMUM AGE 60 ON THE DAY OF THE COMPETITION  
ALL PLAY FROM YELLOW TEES

**MONDAY 3RD SEPTEMBER 2012**

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The Hindhead Golf Club is pleased to invite applications for entry to their Senior Men's Open Meeting. The entry fee is £39 and includes morning coffee, lunch and prizes.

Ties will be decided on the last 9, 6, 3, 1 hole/s as necessary. The decision of the Committee of The Hindhead Golf Club as to acceptance or refusal of any entry, or any other dispute, shall be final.

**INDIVIDUAL CHEQUES** for each entry (to facilitate refunds if necessary) should be made payable to The Hindhead Golf Club. A full refund will be given if oversubscribed, as the total entry is limited. Return of entry fees after the draw has been made will be at the discretion of The Hindhead Golf Club. The closing date for entry is Friday 1<sup>st</sup> June 2012. **Please post-date cheques to this closing date.**

**We regret buggies are not allowed on the course.**

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### **ENTRY SHEET**

To: The Secretary, The Hindhead Golf Club, Churt Road, Hindhead Surrey GU26 6HX

Please enter me in the **SENIOR MEN'S OPEN MEETING** on **Monday 3rd September 2012**.  
**I enclose a cheque (payable to The Hindhead Golf Club) for my entry fee (£39).**

**Maximum Handicap Limit 24**

(BLOCK LETTERS THROUGHOUT PLEASE)

ENTRIES CLOSE : FRIDAY 1<sup>ST</sup> JUNE 2012

Surname: .....

Forename: .....  
(or name by which known)

Address: .....  
..... Post Code .....

Contact Phone Number: .....

Club: .....

If over 70 please tick

Handicap: .....

EGU No: .....

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Starting Times will be from 0800 to 1000 hours.

**Players will be notified of playing partners and starting times. Please enclose a stamped addressed envelope if you wish to receive a copy of the draw sheet.**

Date: .....

Signature: .....