



**WELWYN GARDEN CITY GOLF CLUB**

Mannicotts, High Oaks Road, Welwyn Garden City, Hertfordshire AL8 7BP

Telephone: 01707 325243 (Office) 01707 322722 (Clubhouse) 01707 325525 (Pro Shop) Fax: 01707 393213

www.welwyngardencitygolfclub.co.uk

**LADIES OPEN**

**THURSDAY MAY 31<sup>st</sup> 2018**

**18 HOLE AM – STABLEFORD TEAM EVENT**

**TEAMS OF 4 – HANDICAP LIMIT 30**

**Best 3 scores from 4 to count on par 4's & 5's and all scores to count on par 3's**

**ENTRY FEE £38 PER PLAYER  
(TO INCLUDE COFFEE ON ARRIVAL AND 2 COURSE MEAL)**

**1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup> PRIZES**

**OPTIONAL SWEEP ON THE DAY FOR 2'S ON PAR 3'S: £1.00 PER PERSON**

**THE COMMITTEE'S DECISION IS FINAL  
LGU HANDICAP CERTIFICATE REQUIRED  
CLOSING DATE FOR ENTRIES APRIL 2<sup>ND</sup>**

**1<sup>ST</sup> START TIME 9.30AM  
NO REFUNDS AFTER START SHEET DESPATCHED  
BALLOT WILL BE HELD IF OVER SUBSCRIBED**

**ENTRY FORM**

**WELWYN GARDEN CITY LADIES OPEN**

**THURSDAY MAY 31<sup>st</sup> 2018**

**18 HOLE TEAM AM**

**(DETAILS OF PERSON TO WHOM INFORMATION IS TO BE SENT)**

**NAME: ..... HANDICAP: ..... CDH No.....**

**ADDRESS: ..... TEL NO: .....**

**..... CLUB: .....**

**POSTCODE: ..... E-MAIL.....**

**PARTNERS NAME: ..... HANDICAP: .....**

**CLUB: ..... CDH No: .....**

**PARTNERS NAME: ..... HANDICAP: .....**

**CLUB: ..... CDH No: .....**

**PARTNERS NAME: ..... HANDICAP: .....**

**CLUB: ..... CDH No: .....**

**PLEASE SEND ENTRY FORM & CHEQUE (MADE PAYABLE TO WGCGC LADIES SECTION) TO:  
MRS SONIA YOUNGER, C/O WELWYN GARDEN CITY GOLF CLUB, MANNICOTTS, HIGH OAKS  
ROAD, WELWYN GARDEN CITY, HERTS AL8 7BP**

**PLEASE ENCLOSE A LARGE STAMPED ADDRESSED ENVELOPE WITH YOUR ENTRY FORM AND  
CHEQUE. PHOTOCOPIES OF ENTRY FORM ACCEPTED.**