



# LIPHOOK SCRATCH CUP

**31<sup>ST</sup> AUGUST 2019**

**HOLDER: CALEY MCGINTY, KNOWLE GOLF CLUB**

**FORMAT: 36 HOLES STROKE PLAY FOR AMATEUR LADIES**

**HANDICAP LIMIT: 9**

**ENTRY FEE: £35, excluding refreshments**

**PRIZES: Scratch & Handicap, am/pm.**

**CLOSING DATE FOR ENTRIES: Saturday 10<sup>th</sup> August 2019**

- This event will be eligible for merit points.
- No player may take more than one prize.
- Players may NOT engage a Pro or Assistant Pro Golfer as a caddy.
- The decisions of the Committee on all points will be final.
- Entry Forms, Cheques and Junior Consent forms by the closing date to:  
**Mrs Jo Archer, c/o Liphook Golf Club, The Wheatsheaf Enclosure, Liphook, GU30 7EH**  
**e.mail: [joarcher02@gmail.com](mailto:joarcher02@gmail.com) or tel: 07506 435962**
- Cheques dated after 1<sup>st</sup> July payable to : **Liphook Golf club (Ladies Section) OR**  
**Payment by BACS to HSBC 40-28-29 A/c 80531855 Ref: Name LSC 19**
- **Please Note:** Entry fees cannot be refunded for cancellations after the closing date.

## LIPHOOK SCRATCH CUP ENTRY FORM 2019

**NAME** ..... **AGE**.....

**ADDRESS**.....

..... **POST CODE:**.....

**TEL NO.** ..... **MOB NO.** .....

**EMAIL:** .....

**CONGU H'CAP (Exact)**..... **CDH No:** .....

**HOME CLUB:** .....**Preferred partner(s):** .....

*Liphook golf Club use the information above to be able to communicate with you in relation to the above competition only. We share this information with our external and internal Data processors who adhere to our Privacy Policy which can be viewed online at [www.liphookgolfclub.com](http://www.liphookgolfclub.com) or on our noticeboard. We would like to retain your data to enable us to send you information about the Liphook Scratch Cup in the future . If you are happy for us to do this, please tick the box.*

*I agree to you retaining my data for this purpose*

*I confirm that I am over the age of 16, and have read, understood and agree with the way my data will be used by Liphook Golf club. If under the age of 16 a parent or guardian must sign this form on your behalf.*

*Signature*..... *Date*.....