

GLOUCESTER AND SOMERSET PGA

PRO-AM ENTRY FORM

VENUE	DATE
--------------	-------------

NAME	CLUB	HANDICAP	ENTRY FEE PAID
		TOTAL PAID	£

OUR PROFESSIONAL FOR THE TEAM WILL BE:
CLUB/ATTACHMENT

OR

WE WISH TO BE ALLOCATED A PGA PROFESSIONAL.
(DELETE AS APPROPRIATE)

PREFERRED START TIME
START TIMES WILL BE CONFIRMED APPROXIMATELY 10 DAYS BEFORE THE EVENT.

CONTACT NAME	
CONTACT ADDRESS	
TELEPHONE	
E MAIL ADDRESS	