CLUB NAME (Block Capitals) _____

Name (Block Capitals)	Leave Blank	**Address** (Block Capitals)	Post Code	Telephone Number	UnBadged Singles	Singles	Pairs	Triples	Fours	2 Woods	Under 25's Singles Include Date of Birth
				TOTAL ENTRIES							

Please enter in ALPHABETICAL ORDER !

IS YOUR CLUB ENTERING FOR THE BERT COX MEMORIAL CUP Yes/No

PLEASE NOTE: *In the case of entries for the Pairs, Triples and Fours: only ONE NAME is required.*

FORM 'C'