 **St Leonard's Hospice**

**Charity Day**

**Thursday 1st August 2024**

**Entry Form:** £100 for team of 4 players.

I wish to enter the following team to play in the St Leonard’s Hospice Charity Day and payment for £100.

Payee: Pike Hills Golf Club

40-34-18

84637208

Reference- Hospice2024-(name)

|  |  |
| --- | --- |
| Contact Name |  |
| Address |  |
| Email  |  | Mobile No.  |  |
| PreferredTee Time |  | Date of Application |  |

|  |
| --- |
| **Team name** |
| **First Name** | **Surname**  | **H’Cap** | **CDH ID Number** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

On receipt of your booking and payment we will confirm your tee time. This is allocated on a “first come” basis or as close as possible to your preferred tee time. All entries will be acknowledged by email.

*Chris Richardson, Vice Captain 2024 Pike Hills event Co-ordinator*

*Email:* cmricho60@gmail.com

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| *Phone: 01904 781975*ile | 07761 848516 |