

**Kenilworth Golf Club Limited**  
**MENS OPEN ALLIANCE**

**18 Hole 4 Ball Better Ball Medal**

**Sunday 8<sup>th</sup> August 2010**  
**Commencing 9.00 am**

**Players with the best NETT score hold cup for 12 months\***

**Prizes for the Winners, Runners-Up and Best Gross Score**  
Plus five additional prizes  
(Winners will only receive one prize)

**Handicap Limit: Men 24; Juniors 12.**

**Stroke allowance :  $\frac{3}{4}$  Handicap.**

*(Higher handicaps may enter, but play off these limits)*

**Handicap Certificates WILL BE REQUIRED on the day.**

(No prizes will be awarded without a valid Active Handicap Certificate)

<b>Entrance Fee: 2 Visitors:</b>	<b>£32 per pair</b>
1 Visitor + 1 Full Member:	<b>£28 per pair</b>
2 Full Members:	<b>£24 per pair</b>

Inclusive of snack bar or bottle of water, entrance to 2's competition, drinks at  
halfway house.

Entries will only be accepted on receipt of entrance fee on a first come first  
served basis.

Catering Facilities: Morning Coffee, Bar Snacks and  
Restaurant available.

Application Forms / Correspondence to:

**The Secretary**  
**Kenilworth Golf Club Ltd.**  
**Crewe Lane**  
**Kenilworth**  
**Warks CV8 2EA**

**Tel: 01926 858517 Fax: 01926 864453**

- *Trophy to be retained in Kenilworth Club House*

(Entry forms can also be printed from our website : [www.kenilworthgolfclub.co.uk](http://www.kenilworthgolfclub.co.uk))

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**MENS OPEN ALLIANCE**

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**Sunday 8<sup>th</sup> August 2010**

Starting times: 9.00 am - 3.30 pm  
 Handicap limits: Men 24; Juniors 12  
*(Higher handicaps may enter, but play off these limits)*

**Entry fees: £32 per pair – 2 Visitors, £28 per pair – 1 Visitor + 1 Full Member, £24 per pair – members.**

Name .....

Address .....

Post Code ..... Tel. No. ....

Club ..... Handicap .....

Partners Name .....

Club ..... Handicap .....

If possible, we would like to start with the following competitors.  
*(Please note this cannot be guaranteed).*

Name .....

Address .....

Post Code ..... Tel. No. ....

Club ..... Handicap .....

Partners Name .....

Club ..... Handicap .....

<b>Please indicate preferred starting time:</b>	Starting Time	(X)	Starting Time	(X)
	09.00 – 10.30		12.00 – 13.30	
	10.30 – 12.00		13.30 – 15.30	

SAE and Cheque enclosed for £.....

Cheques made payable to: *Kenilworth Golf Club Ltd* and send to :

**The Secretary**  
**Kenilworth Golf Club Ltd**  
**Crewe Lane**  
**Kenilworth**  
**Warks CV8 2EA      Tel: 01926 858517      Fax: 01926 864453**

If possible would you supply an 'E' Mail address for future reference.

**Handicap Certificates WILL BE REQUIRED on the day.**  
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