

# COTSWOLD EDGE GOLF CLUB

## AM-AM COMPETITION

**TEAMS OF FOUR -  
MEN, LADIES OR MIXED**

**ENTRY FEE £50 PER TEAM**

**(Handicap Limit men 24)**

**(Handicap Limit ladies 36)**

**Food available on day**

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Team Name: _____	Name: _____
	Home Club: _____
Name: _____	Handicap: _____
Address: _____	Name: _____
_____	Home Club: _____
Tel No: _____	Handicap: _____
Home Club: _____	Name: _____
Handicap: _____	Home Club: _____
	Handicap: _____

**HANDICAP CERTIFICATES REQUIRED.**

**Entry Fee £ 50.00 per team**

Please make cheques payable to: Cotswold Edge Golf Club and send to:-

AM-AM Organiser,  
Cotswold Edge Golf Club, Upper Rushmire, Wotton-under-Edge, Glos. GL12 7PT  
together with a Stamped Addressed Envelope

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**COTSWOLD EDGE GOLF CLUB - AM-AM COMPETITION - DATE:**

To: \_\_\_\_\_

I acknowledge receipt of your entry for the above and have pleasure in  
confirming your start time will be: \_\_\_\_\_

We look forward to seeing you and hope you have an enjoyable day.

**HANDICAP CERTIFICATES REQUIRED.**

Signed: \_\_\_\_\_