

# **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)**

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Team Name: _____	Name: _____
	Home Club: _____
Name: _____	Handicap: _____
Address: _____	Name: _____
_____	Home Club: _____
Tel. No: _____	Handicap: _____
Home Club: _____	Name: _____
Handicap: _____	Home Club: _____
Email: _____	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 \***

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: \_\_\_\_\_