

Cochrane Castle Golf Club

Competition Entry Form

Competition Name: _____

Competition Date: _____

Name: _____

Address: _____

Club: _____ Handicap: _____

Home Tel: _____ Certified By: _____

(Secretary)

Preferred Starting Time: _____

**I hereby declare that I have read the Rules of Amateur Status
and have conformed to them in every respect.**

Signed: _____

Please enclose Entry Fee with Application

**Entries to: The Secretary, Cochrane Castle Golf Club,
Craigston, Johnstone, Renfrewshire, PA5 0HF**