

TEHIDY PARK GOLF CLUB

COMPETITION ENTRY FORM

*TO: THE SECRETARY/MANAGER
TEHIDY PARK GOLF CLUB, CAMBORNE, CORNWALL,
TR14 0HH*

Please enter me for the following Competition:-

.....

Being held on: (Date) ____ / ____ / 20__

Name / E-Mail / CDH	Home Club	H'Cap

Contact address and phone number.....

.....

Payment enclosed £..... (entry not accepted without payment)

GDPR: I agree to you retaining my data (If under 16 years of age a parent or guardian must sign on your behalf.)

Signature: _____ (Parent/Guardian - delete as appropriate)

Date: ____ / ____ / 20__

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