



SOCIETY & GROUP BOOKING FORM 2016

NAME OF SOCIETY/GROUP:

PROPOSED DATE OF VISIT:

NAME OF ORGANISER:

ADDRESS:

.....

TELEPHONE No (HOME): **BUSINESS:**

MOBILE:

E mail contact:

ANTICIPATED NUMBER OF PLAYERS:.....

THIS MUST BE CONFIRMED NO LATER THAN ONE WEEK BEFORE ARRIVAL

TYPE OF MATCH: **SCRAMBLE** **GREENSOME** **STABLEFORD** **MEDAL**

TEE TIME REQUIRED: AM - FROM..... **TO:**

(AFTER 1000)

NUMBER OF HOLES:

PM – FROM **TO:**

NUMBER OF HOLES:

Nearest the Pins: **Longest Drive:**

Prize Table: **Leader Board:**

The agreed price of your society/group is £.....per head for the golf only

The cost of meals is shown on the enclosed catering booking form which, if not arranged at the time of booking is to be returned as soon as possible To the Club office.

PLEASE NOTE THE CONTENT OF THE ENCLOSED VISITORS INFORMATION SHEET

**PLEASE RETURN THE COMPLETED FORM TO:
THE OFFICE, SWAFFHAM GOLF CLUB, CLEY ROAD, SWAFFHAM, NORFOLK PE37 8AE**

Email manager@swaffhamgc.co.uk

PLEASE RETURN ONE COPY TO THE MANAGER'S OFFICE WITH YOUR DEPOSIT

Office use: DATE BOOKING CONFIRMED:DEPOSIT RECEIVED: