BOWOOD
HOTEL, SPA AND GOLF RESORT

OPEN WEEK ENTRY FORM

Lead Name & Address……

……

Postcode……Telephone……

E-Mail Address: ……CDH No……

Event Entered	Name	Club	H/Cap	D.O.B

Please charge £……to my credit/debit card for entry into the events listed above.

Card No.

3 digit security number

Expiry Date:

Valid From Date:

Issue number Switch only:

House Number

Postcode

☐ **Please tick if you would like to receive information about events and offers at Bowood.**

Completed entry forms should be forwarded to:
The Pro-Shop, Bowood Golf &Country Club, Derry Hill, Calne, Wiltshire, SN11 9PQ
Tel: 01249 822228 Fax: 01249 822218 E-mail: n.phillips@bowood.org www.bowood.org