



## PRO-AM ENTRY FORM – FRIDAY 16<sup>th</sup> JULY 2010

Name of Professional	Club
Name	Handicap:
Name	Handicap:
Name	Handicap:
Contact Name and Address:	Home Club:
Email: Telephone No.	Telephone No.

I enclose a cheque for the sum of: £269.00

Signed.....Date.....

### IMPORTANT INFORMATION

- TEE TIMES ALLOCATED ON A 1<sup>ST</sup> COME 1<sup>ST</sup> SERVED BASIS
- PLEASE INCLUDE THE FULL ENTRY FEE
- A CURRENT ACTIVE HANDICAP CERTIFICATE IS REQUIRED
- DRESS CODE APPLIES
- DISTANCE MEASURING DEVICES ALLOWED (Rule 14-3 & Local Rule Appendix 1-9)

**Please send your entry and cheque made payable to St Mellion International to:**

**David Moon PGA, Golf Operations Manager**  
**St Mellion International Resort, St Mellion**  
**SALTASH, Cornwall PL12 6SD**  
**Tel: 01579 352002 Fax: 01579 350537**  
[stmellion-golfdays@crown-golf.co.uk](mailto:stmellion-golfdays@crown-golf.co.uk)