

SOUTH CERNEY



SOUTH CERNEY GOLF CLUB

SOCIETY GOLF DAY BOOKING FORM

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| SOCIETY NAME | |
| CONTACT NAME | |
| ADDRESS | |
| TELEPHONE | |
| EMAIL | |

| | | | |
|--------------------|--|-------------------------|--------------------------|
| NO. OF PEOPLE | | BREAKFAST UPGRADE | <input type="checkbox"/> |
| DATE REQUIRED | | PRACTICE UPGRADE | <input type="checkbox"/> |
| GOLF DAY PACKAGE | | EXTRA REFRESHMENTS | <input type="checkbox"/> |
| PREFEREED TEE TIME | | NO. OF BUGGIES (MAX. 4) | <input type="checkbox"/> |
| | | GIFT PACKS | <input type="checkbox"/> |
| | | GOLF COACHING | <input type="checkbox"/> |

Please provide us with details of your golf day and choose from the additional options on the left. After receiving your booking form, and once we have established your exact requirements, we will supply you with a quote for your golf day.

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| ADDITIONAL INFORMATION | |
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