

# GOLF SOCIETY BOOKING FORM



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Visit Of-----Golf Society      Date-----Total No In Party-----

Contact Name-----Tel No: (Day)------(Email)-----

Contact Address-----

**DEPOSIT OF £10 PER PERSON AT LEAST 2 WEEKS BEFORE EVENT. NON REFUNDABLE.**

GOLF	PLEASE TICK	TEE TIME
18 HOLES	<input type="checkbox"/>	<input type="checkbox"/>
27 HOLES	<input type="checkbox"/>	<input type="checkbox"/>
36 HOLES	<input type="checkbox"/>	<input type="checkbox"/>

## FOOD REQUIREMENTS

PLEASE QUOTE REFERENCE NUMBER SHOWN ON SHEET

BREAKFAST

LUNCH

## MAIN MEAL:-

STARTER

MAIN COURSE

DESSERT

NUMBER OF VEGETARIANS  
IN YOUR GROUP

PLEASE SELECT ONLY ONE CHOICE PER COURSE

TOTAL COST PER HEAD

