

Golf Days Booking Form

Name of Company or Society

Organiser

Home Telephone

Address

Work Telephone

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E-mail.....

.....

Mobile.....

Post Code

Fax

Date of Visit

No. of Players A.M. P.M.....

No. of Non-Players

Which Golf Day Option is required?

A B C D E
(please circle)

Tee Off Times A.M. P.M.

Format of Play A.M. P.M.

Optional Extras required

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Golf Professional Services

Menu Choice Lunch

Dinner: Starter

Main Course

Sweet

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I confirm acceptance of Henley Golf Club's Terms and Conditions and Price per Person. I enclose a deposit of £100 (Cheques made payable to Henley Golf Club)

Organiser's Signature Date

Please retain a copy for your information