



3ts | turn the tide of suicide

THE 3TS GOLF TOURNAMENT 2010 REGIONAL QUALIFIER CLUB TEAM ENTRY FORM

To be completed by the CLUB SECRETARY or PROFESSIONAL with the consent of individuals referred to below. Please supply full details of Winning Club Team by Monday, 26th July 2010 to 3Ts at the address below..

(BLOCK CAPITALS PLEASE)

| | |
|---|--------------------------|
| Name of Club: | |
| Contact Name / Title: | |
| Contact Telephone Number: | |
| Contact Email Address: | |
| Preferred Regional Round Please tick one: <i>NB Every effort will be made to accommodate requested venue but places subject to availability. A fourth venue may be added if necessary.</i> | |
| 1 Sept:ember: St Margarets Dublin | <input type="checkbox"/> |
| 8 September: CoTipperary Golf & Country Club Dundrum | <input type="checkbox"/> |
| 13 September: Slieve Russell, Cavan | <input type="checkbox"/> |

The team to represent the Club is as follows:

| | |
|---|--|
| Name of Professional (if applicable): | |
| Playing career highlights of Professional: | |

Names and Handicaps:

| Name: | Handicap: |
|--------------|------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Copy of Entry Forms and covering Remittance should be sent by Monday 26th July 2010 to:
The 3Ts Golf Tournament, Innovation House, 3 Arkle Road, Sandyford, Dublin 18.
Tel: 01 2139905 Fax: 01 6622154 Email: 3ts@alburn.com

Cheques made payable to 3Ts Ltd. All Entries & Remittances will be acknowledged to Secretary/Manager of Club, together with details of venue, date & tee times for Regional Qualifier.