

## **Ovaltine Women's Scratch League - Entry Form for 2024**

| League Captain Name<br>(A team)   |                 |
|---|-----------------|
| Contact Phone no.   |                 |
| (mobile preferred):   |                 |
| Email address for all correspondence:   |                 |
| Please confirm there are a minimum of 3 players <u>available to play</u> for your A team with a handicap index of 14.4 or less at the time of entry:  | Yes             |
|   | No              |
| Are you entering a second (B) team?   | Yes             |
|   | No              |
| NB If entering a B team please send the names and handicaps of your 5   | eligible A team |
| NB If entering a B team please send the names and handicaps of your 5 or players to the League Organiser between 1 <sup>st</sup> March and 31 <sup>st</sup> March 2024. These 5 nominated players and players with a handicap index lower than the will only be eligible to play for the A team.  |                 |
| players to the League Organiser between 1 <sup>st</sup> March and 31 <sup>st</sup> March 2024.  These 5 nominated players and players with a handicap index lower than the  |                 |
| players to the League Organiser between 1 <sup>st</sup> March and 31 <sup>st</sup> March 2024.  These 5 nominated players and players with a handicap index lower than the will only be eligible to play for the A team.  |                 |
| players to the League Organiser between 1st March and 31st March 2024.  These 5 nominated players and players with a handicap index lower than the will only be eligible to play for the A team.  If entering a B team, please complete the following:  League Captain Name:  (B team)  Contact Phone no.   |                 |
| players to the League Organiser between 1st March and 31st March 2024.  These 5 nominated players and players with a handicap index lower than the will only be eligible to play for the A team.  If entering a B team, please complete the following:  League Captain Name: (B team)  Contact Phone no. (mobile preferred):                        |                 |
| players to the League Organiser between 1st March and 31st March 2024.  These 5 nominated players and players with a handicap index lower than the will only be eligible to play for the A team.  If entering a B team, please complete the following:  League Captain Name:  (B team)  Contact Phone no.   |                 |
| players to the League Organiser between 1st March and 31st March 2024.  These 5 nominated players and players with a handicap index lower than the will only be eligible to play for the A team.  If entering a B team, please complete the following:  League Captain Name: (B team)  Contact Phone no. (mobile preferred):  Email address for all |                 |

Allocation of teams to Divisions and Groups will be confirmed once all entries have been received.

Conditions of Competition are as for 2023, but may be changed at the discretion of the organising committee and will be available before the start of the 2024 season.

The 2024 League season will run from 1st March to 30th September.

There will be a Finals Day in October 2024 on a date to be advised (may not be a weekend).

£35 per team payment by BACS only please to:

Hertfordshire Golf Ltd. Sort Code 60-83-01, Account Number 20391090 Ref. 'Ovaltine League 24' Email: <a href="mailto:secretary@hertfordshiregolf.org">secretary@hertfordshiregolf.org</a>.

## **CLOSING DATE: 24th SEPTEMBER 2023**

Any queries please contact:
Rhona Finch 07749 242309 <a href="mailto:rhonaduncan@yahoo.co.uk">rhonaduncan@yahoo.co.uk</a>