

# BISHOP AUCKLAND GOLF CLUB

## VISITING PARTIES/SOCIETY GOLF ACCEPTANCE FORM

Please complete below where applicable, sign, date and send it to: -

Hon-Secretary, Bishop Auckland Golf Club, at the address below.

I the undersigned confirm to have read and accept all of the Terms & Conditions given to me in the aforementioned Visitors General Terms and Conditions.

**Signed by or on behalf Visitor/Party:**

.....

**Date:**.....

**Visiting Party/Society**

**Name:**.....

**Address:**

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.....  
.....  
.....

**Postcode:** .....

**Telephone No.**.....

**Fax No.**.....

**E-mail address** .....

**Accepted & signed for and on behalf of Bishop Auckland Golf Club:**

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**Date:**.....