

18-Hole Golfer
(Please complete in Block Capitals)

Name			
Address			
Postcode			
Email			
Contact Tel No.			
Area/Club			
Date of Birth			
Nature of Disability			
Score at last competition			
Handicap (if applicable) or a short statement on standard e.g. approx score for 18 holes			
Buddy required	Yes NO		
Name of Buddy			
No. of additional support personnel for catering purposes			

9-Hole Golfer
(Please complete in Block Capitals)

Name			
Address			
Postcode			
Email			
Contact Tel No.			
Area/Club			
Date of Birth			
Nature of Disability			
<u>Score at last competition</u>			
Handicap (if applicable) or a short statement on standard e.g. approx score for 18 holes			
<u>Buddy required</u>	Yes		
<u>Name of Buddy</u>			
<u>No. of additional support personnel for catering purposes</u>			

Please return to:
Norma Buchanan, Administrator,
Disability Sport Fife, Fife Sports Institute,
Viewfield Road, Glenrothes, Fife KYO 2RB

Please return to:
Norma Buchanan, Administrator,
Disability Sport Fife, Fife Sports Institute,
Viewfield Road, Glenrothes, Fife KY6 2RB