

A message from the tournament captain John Rostill OBE CEO NHS Retirement Fellowship

I look forward to welcoming you to this special thank you event for people who have done so much on our behalf. This is an unique opportunity to play on the Minchinhampton GC Avening course which has hosted many championship tournaments including British Open qualifying events.

Tournament Director John Toman Business Manager NHS Retirement Fellowship

Defending Champions Prizes presented by Dame Yvonne Moores. Patron



L to R. Anand Kasbekar, Consultant ENT Surgeon. Nottingham and Sponsors and Guests Champion Brian Elmes Ret. Civil Servant. CSRF



L to R. Gwyn Richards, Martin Palmer, Trevor Rosser, Nicholas Jones

Retirement Fellowship Golf Classic

Patron: Dame Yvonne Moores Captain: John Rostill OBE. CEO NHSRF

Friday 10 September 2021

Dedicated to existing and retired NHS and all key Workers, their relatives and friends.

Arrangements and Entry Form





Arrangements

Venue

Minchinhampton Golf Club Minchinhampton, Stroud, Glos. GL6 9BE Telephone 01453 833866

Date

Friday 10 September 2021

Programme

08.00 Registration Bacon Rolls, Tea/Coffee
09.00 First Tee reserved
14.00 Post Game Meal
18.00 Prize giving

Golf format

Stableford Full Allowance Yellow boxes-Men. Red Boxes-Ladies

Single, two and three players will be made up to form 4 ball teams

Competitions

NHS CSIS Tournament Champion. Highest Individual Score and Runner Up

John Barker Memorial Trophy. (Sponsors & Guests. Highest Individual Score and Runner Up

Teams – (Open to all) Total best two stableford points at each hole and Runner up team

Longest Drive and Nearest the pin

Costs

£25.00 PP. This is a special reduced cost to cover meals and prizes only. Courtesy of the course (no green fees) is given with the compliments of our sponsors.

Package

Bacon rolls Tea/Coffee on arrival. 18 holes of golf on the Avening Championship Course Prizes Post game meal Sleeve of 3 logo golf balls Free NHSRF membership funded by sponsors

Payment

BANK TRANSFERS (Preferred)

HSBC Sort Code: 40-17-11 Account Number: 61495933 Cheques payable to: RF Senior Golf Tour

Accommodation

Please see the attached hotel list. All hotels are within a few miles from MGC and reservations should be made directly.

Buggies

There are a limited number of buggies available at MGC and participants are advised to reserve a buggy at the earliest opportunity by ringing the pro shop direct on 01453 883866 (Option 1).









Entry Form

Email (Prefered)

to jptoman@icloud.com Plus Bank Transfers @ £25 per player. Please state reference 'NHSRF' Sort Code: 40-17-11 Account No: 61495933

PLAYER 1 / TEAM LEADER Name:

Post

to John Toman, 22 Lewsey Court, Mercer Way, Tetbury GL8 8GW Enclosing a cheque for £25 per player payable to 'RF Senior Golf Tour'

Additional teams / players

Please copy this sheet and use to enter additional teams / players

	Phone:			H/Cap:			
	Email:			Special dietary requirements:			
	Please circle one of the following:	NHS	KEY WORKER	SPONSOR GUEST			
TEAM 1	PLAYER 2 Name:						
	Phone:		H/Cap:				
	Email:		Special dietary requirements:				
	Please circle one of the following: N	NHS	KEY WORKER	SPONSOR GUEST			
	PLAYER 3 Name:						
	Phone:			H/Cap:			
	Email:			Special dietary requirements:			
	Please circle one of the following:	NHS	KEY WORKER	SPONSOR GUEST			
	PLAYER 4 Name:						
	Phone:		H/Cap:				
	Email:			Special dietary requirements:			
	Please circle one of the following:	NHS	KEY WORKER	SPONSOR GUEST			
	PLAYER 1 / TEAM LEADER Name:						
	Phone:			H/Cap:			
	Phone: Email:			Special dietary requirements:			
	Phone: Email: Please circle one of the following: N	NHS	KEY WORKER	Special dietary requirements:			
	Phone: Email: Please circle one of the following: N PLAYER 2 Name:	NHS	Key Worker	Special dietary requirements: SPONSOR GUEST			
	Phone: Email: Please circle one of the following: N PLAYER 2 Name: Phone:	NHS	KEY WORKER	Special dietary requirements: SPONSOR GUEST H/Cap:			
2	Phone: Email: Please circle one of the following: N PLAYER 2 Name: Phone: Email:			Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements:			
AM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:N			Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements:			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:			Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:Phone:			Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST H/Cap:			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:			Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements:			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:Phone:Email:Phone:Phone:Email:Phone:Email:Please circle one of the following:NPlease circle one of the following:	NHS		Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST H/Cap:			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:Phone:Email:Phone:Email:	NHS	KEY WORKER	Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:Phone:Email:Phone:Phone:Email:Phone:Email:Please circle one of the following:NPlease circle one of the following:	NHS	KEY WORKER	Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements:			
TEAM 2	Phone:Email:Please circle one of the following:PLAYER 2 Name:Phone:Email:Please circle one of the following:PLAYER 3 Name:Phone:Email:Phone:Email:Please circle one of the following:Phone:Email:Please circle one of the following:Phone:Email:Please circle one of the following:PLAYER 4 Name:	NHS	KEY WORKER	Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST H/Cap: Special dietary requirements: SPONSOR GUEST			

Golf Society Branch

Gift Aid Confidentiality

Team leaders are asked to copy this page for fellow team members use. Please complete in BLOCK CAPITALS.

Fellowship membership form

Name		
Home address		
Postcode		
Email address		
Home telephone		
Mobile telephone		

Gift Aid Declaration

The Gift Aid Scheme provides the simplest way ever for members who are UK tax payers to help the NHS Retirement Fellowship. There is no extra cost to yourself and no future commitment. All Branch members are urged to complete the simple form below, the effect of which will be to increase the value of your subscription or donation by 25% to the benefit of both the golf branch and the Fellowship.

I would like the NHS Retirement Fellowship to treat all donations and subscriptions that I have made, and any I make from the date of this declaration, as Gift Aid donations.

Signature:	
Todays date:	

Confidentiality

You have provided us with your email address which is recorded in our database but, we have not had your explicit permission to use it.

Your signature confirms permission for us to communicate with you by email in the future.

Signature:

Todays date:

Thank you.