

**Childwall Golf Club Ltd  
Naylor's Road,  
Gateacre  
Liverpool  
L27 2YB  
Tel/Fax 0151 487 0654  
Society Booking Form 2006**

**Society Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Tel:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(for correspondence)

**Date of Visit:** \_\_\_\_\_ **18/27 Holes:** \_\_\_\_\_

**Number in Party:** \_\_\_\_\_ **Tee Times.**AM-9.45-PM-14.00

**Package Required:** A B C D E F G H (please circle)

**Deposit Enclosed:** \_\_\_\_\_ (Minimum £100)

**Please return to the Club at the above address with your deposit. Please make cheques payable to Childwall Golf Club Ltd.**

**I have read, understand and accept the Terms and Conditions.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name-please print:** \_\_\_\_\_

**Office use: Deposit-£** \_\_\_\_\_