

BRETT VALE GOLF CLUB

# CHARITY OPEN

2026

TUESDAY 5<sup>th</sup> MAY

We are delighted to invite you to our stunning 18 hole golf course in the heart of constable country for the **2026 Charity Open, raising funds for Parkinsons UK.**

To enter complete and return the form on the reverse or online. For further information call **01473 310718** or email **info@brettvalegolf.co.uk**



Noakes Road • Raydon • Ipswich • Suffolk • IP7 5LR

[brettvalegolf.co.uk](http://brettvalegolf.co.uk)



**Entry Fee**  
**£220.00 per team**

(Brett Vale Members discount)

includes  
bacon roll & coffee/tea  
18 holes of golf  
1 course lunch  
Charity donation

**Teams of 4**

(Best 2 stableford scores - open to all golfers)

**Raffle**

**Prizes**

Teams 1<sup>st</sup> and 2<sup>nd</sup> plus  
Nearest the Pin at all par 3's

**Closing Date**

Thursday 23<sup>rd</sup> April

**Cheques**

Made payable to 'Brett Vale Golf Club'

**BACS**

Account name: Brett Vale Golf Club

Account: 80682349

Sort: 20-97-40

Ref: open/your name

**Start times**

Shot gun start 10.00am

**Buggies**

Available to hire from pro shop,  
please book in advance – call 01473 310718

**Playing Handicap**

Certificate Required (handicap limit 36)

**Refunds**

No refunds after Thursday 23<sup>rd</sup> April

Substitutions will be permitted up to  
and including the day

# CHARITY OPEN BOOKING FORM

ENTRIES  
CLOSE  
23<sup>RD</sup> APR

To take part in the event please complete the form and return it via post to Noakes Road, Raydon, Ipswich, Suffolk IP7 5LR or email [info@brettvalegolf.co.uk](mailto:info@brettvalegolf.co.uk)

## Player 1

Name

Address

Post Code

Tel Number

E-mail

Home Club

Handicap

CDH No

Please indicate any special dietary requirements

By returning this form you are agreeing for us to retain your data for future notifications from us, if you do not wish for us to retain your data please tick the box.

## Player 2

Name

E-mail

Home Club

Handicap

CDH No

Please indicate any special dietary requirements

## Player 3

Name

E-mail

Home Club

Handicap

CDH No

Please indicate any special dietary requirements

## Player 4

Name

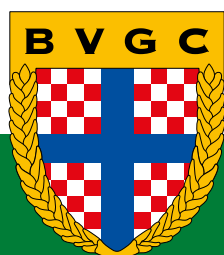
E-mail

Home Club

Handicap

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