

THE  
EXPERIENCE  
ST ANDREWS

**FSGA Trip - Scotland**

NAMES & HANDICAP / GHIN #

ADDRESS:

TEL NUMBER:

EMAIL ADDRESS:

DOB:

Room category preference (please tick)

- |  |                          |
|--|--------------------------|
| Eden view Room (1 golfer sole occupancy)             | <input type="checkbox"/> |
| Eden view Room (2 golfers sharing)                   | <input type="checkbox"/> |
| Eden view Room (1 golfer and 1 non golfer sharing)   | <input type="checkbox"/> |
| Old Course view (1 golfer sole occupancy)            | <input type="checkbox"/> |
| Old Course view (2 golfers sharing)                  | <input type="checkbox"/> |
| Old Course view (1 golfer and 1 non golfer sharing): | <input type="checkbox"/> |

40% Deposit due upon confirmation. Balance is due twelve weeks prior to arrival. Payment can be made via bank transfer or credit card and details will be sent with the invoice.

**I understand all money paid is non-refundable and non-transferable. We strongly advise that you take out Travel insurance to cover in case of unforeseen cancellation.**

SIGNED

PRINT NAME

DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Once completed, please scan and email to [robin.dugmore@theexperiencestandrews.com](mailto:robin.dugmore@theexperiencestandrews.com)