

THE MCGREGOR TROPHY

(OFFICE USE ONLY) Credit Card ☐ Cheque ☐ P/O ☐ Receipt No. _____ Date _____ /2012

To be completed in BLOCK CAPITALS by all entrants as you would wish your name to appear in the draw

Surname **UTRILLA** Forename **JORGE**

Address **R FEG CARRERO DEL MONTE, 5-28035**
MADRID Post Code **28035** Nationality **SPANISH**

Home Tel. No. **(+34)639334345** Emergency Contact No. **(+34)639334345**

Mobile Tel. No. **(+34)648122140** County Union **SPAIN**

Date of Birth **040796** If under 15 at 00:00 hours on 1st January 2012 ☐ (please tick)

Home Club **LA PEÑAZA** Exact Playing Handicap **1 - 1** (Limit 5.4)

Email Address **loretouhagon@rfeGol.f.es**

Central Handicap Database Player I.D. _____ (if issued)

I am eligible to compete under the Conditions of the Championship, and undertake to inform the Championship Department of the EGU if my Handicap is suspended at any time prior to the commencement of play in the Championship.

I am eligible to compete by virtue of Clause 6 of the Conditions of Play and Qualification YES / NO (delete as appropriate)

I have read the Rules of Amateur Status and I have conformed with them in every respect

Signature of Entrant _____

Date **080612**

Players who have been nominated by a National or County Union or Club to compete in this Championship may receive expenses but not exceeding the actual expenses incurred (Rule 4-2d, Rules of Amateur Status).

Entrance Fee £35 Credit/Debit Card payment can be made or a cheque/PO payable to 'The English Golf Union Ltd'

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No. **4546530240707959**

Issue No. _____ Start Date _____ Expiry Date **05/15** Authorised Signature _____

Name & Initials on credit card **JORGE SAGARDOY** Security Code **976**

To be completed by The Home Club Secretary, Handicapping Authority, or Overseas Golfing Union, Federation or Association (not before 2nd April)

I hereby certify that the entrant has a current exact playing handicap of **1 - 1** (Limit 5.4) under the current Handicapping System adopted by the country from which he has entered.

Signature _____

Position **YOUTH COMMITTEE**

Tel. No. **(+34)915552682**

Date **080612**

OVERSEAS ENTRIES WILL NOT BE ACCEPTED
WITHOUT VERIFICATION OF THE NATIONAL
ASSOCIATION OR FEDERATION OFFICIAL STAMP



Competitors holding both a CONGU and an overseas authority handicap must enter the Championship using their CONGU handicap. Failing to enter in compliance with this Condition will result in entry being denied.

A player's **EXACT** handicap must be recorded on the entry form. Any subsequent changes to a player's exact handicap will not be allowed for the purposes of that entry. Any entry ballot will be based on the exact handicap of the relevant players, as recorded on their entry forms at **DATE OF ENTRY**.

ENTRY FEE - £35

ENTRIES CLOSE - 12 noon on Tuesday 12th June 2012

LATE OR INCOMPLETE ENTRY FORMS WILL NOT BE ACCEPTED.

WARNING: Falsification of Entry Forms will result in disqualification and probable suspension.

Return completed entries to:- The Championship Department, The English Golf Union Ltd, The National Golf Centre, The Broadway,

Woodhall Spa, Lincs, LN10 6PU or The Championship Department fax: 01526 351812

If your entry is not acknowledged within 10 days please contact the Championship Department.

PLEASE NOTE: PAGES 4 & 5 ARE TO BE COMPLETED AND RETURNED TO THE CHAMPIONSHIP DEPARTMENT, FAILURE TO DO SO WILL RESULT IN NON ACCEPTANCE OF ENTRY INTO THE COMPETITION.

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To be completed in BLOCK CAPITALS by all entrants as you would wish your name to appear in the draw

Surname **LEANDRO** Forename **CARLOS**

Address **R FEG CARRERO DEL MONTE, 5-28035**
MADRID Post Code **28035** Nationality **SPANISH**

Home Tel. No. **(+34) 616844026** Emergency Contact No. **(+34) 616844026**

Mobile Tel. No. **(+34) 610910261** County Union **SPAIN**

Date of Birth **290196** If under 15 at 00:00 hours on 1st January 2012 ☐ (please tick)

Home Club **BELLAVISTA** Exact Playing Handicap **0 - 1** (Limit 5.4)

Email Address **loreto.hagon@rfe golf.es**

Central Handicap Database Player I.D. _____ (if issued)

I am eligible to compete under the Conditions of the Championship, and undertake to inform the Championship Department of the EGU if my Handicap is suspended at any time prior to the commencement of play in the Championship.

I am eligible to compete by virtue of Clause 6 of the Conditions of Play and Qualification YES / NO (delete as appropriate)

I have read the Rules of Amateur Status and I have conformed with them in every respect

Signature of Entrant _____

Date **080612**

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Issue No. _____ Start Date _____ Expiry Date **05/15** Authorised Signature _____

Name & Initials on credit card **JORGE SAGARDOY** Security Code **976**

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I hereby certify that the entrant has a current exact playing handicap of **0 - 1** (Limit 5.4) under the current Handicapping System adopted by the country from which he has entered.

Signature _____

Position **YOUTH COMM**

Tel. No. **(+34) 915552682**

Date **080612**

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Surname **C R U Z - C O N D E** Forename **A N T O N I O**

Address **R F E G C A R R O Y O D E L M O N T E , 5 - 2 8 0 3 5**

M A D R I D Post Code **2 8 0 3 5** Nationality **S P A N I S H**

Home Tel. No. **(+34) 630442908** Emergency Contact No. **(+34) 630442908**

Mobile Tel. No. **(+34) 638895695** County Union **S P A I N**

Date of Birth **1 4 0 1 9 6** If under 15 at 00:00 hours on 1st January 2012 ☐ (please tick)

Home Club **G U A D A L M I N A** Exact Playing Handicap **0 . 3** (Limit 5.4)

Email Address **l o r e t o u h a g o n a r f e g o l f . e s**

Central Handicap Database Player I.D. _____ (if issued)

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I am eligible to compete by virtue of Clause 6 of the Conditions of Play and Qualification YES / NO (delete as appropriate)

I have read the Rules of Amateur Status and I have conformed with them in every respect

Signature of Entrant _____

Date **0 8 0 6 1 2**

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MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No. **4 5 4 6 5 3 0 2 4 0 7 0 7 9 5 9**

Issue No. _____ Start Date _____ Expiry Date **0 5 / 1 5** Authorised Signature _____

Name & Initials on credit card **J O R G E S A G A R D O Y** Security Code **9 7 6**

To be completed by The Home Club Secretary, Handicapping Authority, or Overseas Golfing Union, Federation or Association (not before 2nd April)

I hereby certify that the entrant has a current exact playing handicap of **0 . 3** (Limit 5.4) under the current Handicapping System adopted by the country from which he has entered.

Signature _____

Position **Y O U T H C O M M I T T E E**

Tel. No. **(+34) 915552682**

Date **0 8 0 6 1 2**

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Surname GANTER Forename KLAUS

Address RFEG CARRERO DEL MONTE, 5-28035
MADRID Post Code 28035 Nationality SPANISH

Home Tel. No. (+34) 654 370 534 Emergency Contact No. (+34) 654 370 534

Mobile Tel. No. (+34) 660 807 827 County Union SPAIN

Date of Birth 270497 If under 15 at 00:00 hours on 1st January 2012 ☒ (please tick)

Home Club LOMAS-BOSQUE Exact Playing Handicap 0.7 (Limit 5.4)

Email Address loretouhagon@rfegolf.es

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Signature of Entrant _____

Date 080612

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Name & Initials on credit card JORGE SAGARDOY Security Code 976

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I hereby certify that the entrant has a current exact playing handicap of 0.7 (Limit 5.4) under the current Handicapping System adopted by the country from which he has entered.

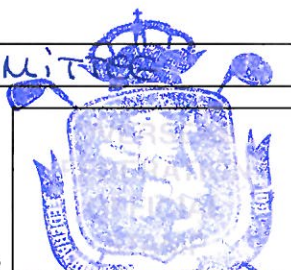
Signature [Signature]

Position YOUTH COMMITTEE

Tel. No. (+34) 915552682

Date 080612

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