

THE 2015 AMATEUR CHAMPIONSHIP

TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	H A R I O	FAMILY NAME	G A L I A N O
ADDRESS	R F E G	C A R R O Y O	D E L M O N T E N º 5
CITY	M A D R I D		
COUNTRY	S P A I N		
POSTCODE	2 8 0 4 9		
TEL NO	+ 3 4 9 1 5 5 5 2 6 8 2		
DATE OF BIRTH	0 7 0 4 1 9 9 5		
MOBILE	+ 3 4 6 3 0 0 8 8 0 5 5		
EMAIL	l o r e t o u h a g o n @ r f e g . e s		
EXACT H/CAP (eg +1.8)	+4.9	CDH ID NO.	NATIONALITY (e.g. SCOTTISH)
HOME CLUB	L A C A Ñ A D A C G		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE Haris DATE 04/05/15

The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4 5 4 6 5 3 0 2 4 0 7 0 7 9 6 7
Issue No / Start Date / Expiry Date 10 / 17

TO BE COMPLETED BY ALL ENTRANTS

- (a) I declare that I am named in the following Condition: (tick boxes as appropriate) 17(a) 17(b) 17(c) 17(d) 17(e)
- (b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing 1-2000, see wagr.com
- (c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE Haris DATE 04/05/2015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE _____ DATE _____
RELATIONSHIP TO ENTRANT _____

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +4.9 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE [Signature] TEL NO 915552682.
NAME AND ADDRESS R.F.E.G. C/ ALMOYO DEL MONTE - 28049 MADRID.
OF CLUB/ COUNTRY SPAIN.
DATE 04/05/2015

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

R&A Championships Limited will use the information you provide on this entry form to process your entrance to and participation in The Amateur Championship. It may also be used by R&A Championships Limited to: (a) update the WORLD AMATEUR GOLF RANKING™, if relevant; and (b) provide you with information on Rule updates or similar information regarding the game of golf. R&A Championships Limited may share your information within the R&A group of companies for these purposes.

At all times R&A Championships Limited will process your information in accordance with the Data Protection Act 1998.

THE 2015 AMATEUR CHAMPIONSHIP

TO BE COMPLETED BY ALL ENTRANTS		For office use only	
Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.			
FIRST NAME	IVAN	FAMILY NAME	CANTERO
ADDRESS	RFEG CARRERO DEL MONTE Nº 5		
CITY	MADRID		
COUNTRY/STATE	SPAIN		
POSTCODE	28049	TEL NO	+34 91 555 2682
DATE OF BIRTH	24021996	MOBILE	+34 630088055
EMAIL	loretouhagon@rfegolf.es		
EXACT H/CAP (eg +1.8)	+4.5	NATIONALITY (e.g. SCOTTISH)	SPANISH
HOME CLUB	LLANES GC		
I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.			
SIGNATURE	DATE		04/05/15
The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.			
MASTERCARD ☐	VISA ☒	MAESTRO ☐	Card No
Issue No	Start Date	Expiry Date	4546530240707967

TO BE COMPLETED BY ALL ENTRANTS				
(a) I declare that I am named in the following Condition: (tick boxes as appropriate)	17(a)	17(b)	17(c)	17(d)
(b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing 1-2000, see wagr.com				
(c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.				
SIGNATURE	DATE		04052015	
If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.				
I declare that the above information given by the entrant is correct to the best of my knowledge.				
SIGNATURE	DATE		DDMMYY	
RELATIONSHIP TO ENTRANT				

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS	
I hereby certify that the exact handicap (eg +1.8) of the entrant is +4.5 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.	
SECRETARY'S SIGNATURE	TEL NO
NAME AND ADDRESS OF CLUB/ COUNTRY	DATE
R.F.E.G. CARRERO DEL MONTE - 28049 MADRID	04052015
Entrants who have been nominated by a National or County Union or Club to compete in this Championship may receive expenses not exceeding the actual expenses incurred (Rule 4-2c, Rules of Amateur Status).	

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THE 2015 AMATEUR CHAMPIONSHIP

TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	XABIER	FAMILY NAME	GOROSPE
ADDRESS	RFEG CARRAROYO DEL MONTE Nº 5		
CITY	MADRID		
COUNTRY/STATE	SPAIN		
POSTCODE	28049	TEL NO	+34 91 555 2682
DATE OF BIRTH	29/12/1997	MOBILE	+34 630 088055
EMAIL	loretouhagon@rfegolf.es		
EXACT H/CAP (eg +1.8)	+3.7	NATIONALITY (e.g. SCOTTISH)	SPANISH
HOME CLUB	BASOZABAL CG		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE Xabier DATE 04/05/15

The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4546530240707967
Issue No / Start Date / Expiry Date 10/17

TO BE COMPLETED BY ALL ENTRANTS

- (a) I declare that I am named in the following Condition: (tick boxes as appropriate) 17(a) 17(b) 17(c) 17(d) 17(e)
- (b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing I-2000, see wagr.com
- (c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE Xabier DATE 04/05/2015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE DATE DDMMYY

RELATIONSHIP TO ENTRANT

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +3.7 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE [Signature] TEL NO 91 555 2682
NAME AND ADDRESS R.F.E.G. CARRAROYO DEL MONTE Nº 5 - 28049 MADRID
OF CLUB/ COUNTRY SPAIN
DATE 04/05/2015

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

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THE 2015 AMATEUR CHAMPIONSHIP

TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	DANIEL	FAMILY NAME	BERNA
ADDRESS	RFEG GARROYO DEL MONTE Nº 5		
CITY	MADRID		
COUNTRY/STATE	SPAIN		
POSTCODE	28049	TEL NO	+34 91 555 2682
DATE OF BIRTH	07/02/1992	MOBILE	+34 630 088 055
EMAIL	loreto.hagon@rfegolf.es		
EXACT H/CAP (eg +1.8)	+2.6	CDH ID NO.	NATIONALITY SPANISH
HOME CLUB	SORIA CG		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE  DATE 04/05/15

The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4546530240707967
Issue No / Start Date / Expiry Date 10/17

TO BE COMPLETED BY ALL ENTRANTS

- (a) I declare that I am named in the following Condition: (tick boxes as appropriate) 17(a) 17(b) 17(c) 17(d) 17(e)
- (b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing I-2000, see wagr.com
- (c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE  DATE 04/05/2015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE  DATE DDMMYY
RELATIONSHIP TO ENTRANT

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +2.6 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE  TEL NO 91 555 2682
NAME AND ADDRESS OF CLUB/ COUNTRY R.F.E.G. GARROYO DEL MONTE - 28049 MADRID, SPAIN
DATE 04/05/2015

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THE 2015 AMATEUR CHAMPIONSHIP

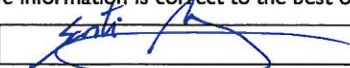
TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	SANTIAGO	FAMILY NAME	VEGA DE SFOANE
ADDRESS	RFEG GARROYO DEL MONTE Nº5		
CITY	MADRID		
COUNTRY	SPAIN		
POSTCODE	28049	TEL NO	+34 91 555 2682
DATE OF BIRTH	16/12/1980	MOBILE	+34 630 088 055
EMAIL	loretouhagon@rfegolf.es		
EXACT H/CAP (eg +1.8)	+1.7	NATIONALITY (e.g. SCOTTISH)	SPANISH
HOME CLUB	RSH CLUB CAMPO		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE  DATE 04/05/15

The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4546530240707967
Issue No / Start Date / Expiry Date 10/17

TO BE COMPLETED BY ALL ENTRANTS

(a) I declare that I am named in the following Condition: (tick boxes as appropriate) 17(a) 17(b) 17(c) 17(d) 17(e)

(b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing 1-2000, see wagr.com

(c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE  DATE 04/05/2015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

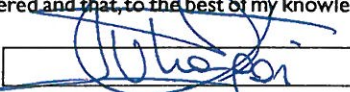
I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE _____ DATE DDMMYY

RELATIONSHIP TO ENTRANT _____

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +1.7 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE  TEL NO 91 555 2682
NAME AND ADDRESS R.F.E.G. C/ ALMOYO DEL MONTE Nº5 - 28049 MADRID
OF CLUB/ COUNTRY SPAIN
DATE 04/05/2015

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THE 2015 AMATEUR CHAMPIONSHIP

TO BE COMPLETED BY ALL ENTRANTS

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For office use only

FIRST NAME	KLAUS	FAMILY NAME	GANTER
ADDRESS	RFEG GARROYO DEL MONTE Nº5		
CITY	MADRID		
COUNTRY	SPAIN		
POSTCODE	28049	TEL NO	+34 91 555 2682
DATE OF BIRTH	27041997	MOBILE	+34 630 088 055
EMAIL	loretouhagon@rfegolf.es		
EXACT H/CAP (eg +1.8)	+3.1	CDH ID NO.	NATIONALITY SPANISH
HOME CLUB	LOMAS BOSQUE CG		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE Ganter DATE 04/05/15

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MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4546530240707967
Issue No / Start Date / Expiry Date 10/17

TO BE COMPLETED BY ALL ENTRANTS

- (a) I declare that I am named in the following Condition: (tick boxes as appropriate) 17(a) 17(b) 17(c) 17(d) 17(e)
- (b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing 1-2000, see wagr.com
- (c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE Ganter DATE 04052015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE _____ DATE DDMMYY
RELATIONSHIP TO ENTRANT _____

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +3.1 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE [Signature] TEL NO 91 555 2682
NAME AND ADDRESS R.F.E.G. C/ ALMOYO DEL MONTE - 28049 MADRID.
OF CLUB/ COUNTRY SPAIN.
DATE 04052015

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THE 2015 AMATEUR CHAMPIONSHIP

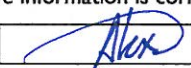
TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	ALEJANDRO	FAMILY NAME	DEL REY GONZALEZ
ADDRESS	RFEG GARROYO DEL MONTE Nº5	CITY	MADRID
COUNTY/STATE		COUNTRY	SPAIN
POSTCODE	28049	TEL NO	+34 915552682
DATE OF BIRTH	15021998	MOBILE	+34 630088055
EMAIL	loretouhagon@rfegolf.es		
EXACT H/CAP (eg +1.8)	+2.1	CDH ID NO.	
NATIONALITY (e.g. SCOTTISH)	SPANISH		
HOME CLUB	LA MORALEJA CG		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

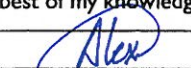
SIGNATURE  DATE 04/05/15

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MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4546530240707967
Issue No / Start Date / Expiry Date 10/17

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SIGNATURE  DATE 04052015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

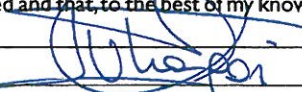
I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE _____ DATE 04052015

RELATIONSHIP TO ENTRANT _____

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +2.1 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE  TEL NO 915552682
NAME AND ADDRESS R.F.E.G. C/ALMORO DEL MONTE - 28049 MADRID
OF CLUB/ COUNTRY _____ DATE 04052015

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THE 2015 AMATEUR CHAMPIONSHIP

TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	JAVIER	FAMILY NAME	POLADURA
ADDRESS	R F E G CARRERO DEL MONTE Nº 5		
CITY	MADRID		
COUNTRY/STATE	SPAIN		
POSTCODE	28049		
TEL NO	+34 91 555 2682		
DATE OF BIRTH	22031994		
MOBILE	+34 630 088055		
EMAIL	loretouhagon@rfegef.es		
EXACT H/CAP (eg +1.8)	+1.6	CDH ID NO.	NATIONALITY (e.g. SCOTTISH) SPANISH
HOME CLUB	LANTAROTE GOLF		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE [Signature] DATE 04/05/15

The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4546530240707967
Issue No / Start Date / Expiry Date 10/17

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- (c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE [Signature] DATE 04052015

If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE _____ DATE 04052015

RELATIONSHIP TO ENTRANT _____

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is +1.6 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE [Signature] TEL NO 91 555 2682
NAME AND ADDRESS R.F.E.G. CARRERO DEL MONTE Nº 5 - 28049 MADRID
OF CLUB/ COUNTRY _____ DATE 04052015

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THE 2015 AMATEUR CHAMPIONSHIP

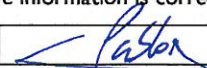
TO BE COMPLETED BY ALL ENTRANTS

Please complete all relevant areas in BLOCK CAPITALS and return with entry fee to the address below.

For office use only

FIRST NAME	P A B L O	FAMILY NAME	R O D R I G U E Z - T A B E R N E R O
ADDRESS	R F E G	C A R R O Y O	D E L M O N T E N º 5
CITY	M A D R I D		
COUNTRY/STATE	S P A I N		
POSTCODE	2 8 0 4 9		
DATE OF BIRTH	2 9 / 1 0 / 1 9 9 7		
EMAIL	l o r e t o . u h a g o n @ r f e g . e s		
EXACT H/CAP (eg +1.8)	+ 2 . 7	CDH ID NO.	NATIONALITY (e.g. SCOTTISH)
HOME CLUB	R E A L S E V I L L A		

I declare that I am eligible under the conditions of the Championship, that I conform with the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

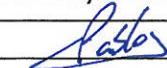
SIGNATURE  DATE 04/05/15

The entry fee is £80 Credit/Debit card payment can be made or a cheque payable to R&A Championships Limited.

MASTERCARD ☐ VISA ☒ MAESTRO ☐ Card No 4 5 4 6 5 3 0 2 4 0 7 0 7 9 6 7
Issue No / Start Date / Expiry Date 10 / 17

TO BE COMPLETED BY ALL ENTRANTS

- (a) I declare that I am named in the following Condition: (tick boxes as appropriate) 17(a) 17(b) 17(c) 17(d) 17(e)
- (b) I declare that I am/am not (delete as appropriate) within WORLD AMATEUR GOLF RANKING™ listing 1-2000, see wagr.com
- (c) I declare that I have read and understood the Conditions for the Championship, including the requirements of the International Golf Federation's Anti-Doping Policy, that I conform to the Rules of Amateur Status in all respects and that all of the above information is correct to the best of my knowledge.

SIGNATURE  DATE 04/05/2015

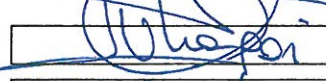
If the player will be under 18 on Saturday 13 June it is also necessary for the above declarations to be signed by a parent or guardian.

I declare that the above information given by the entrant is correct to the best of my knowledge.

SIGNATURE _____ DATE _____
RELATIONSHIP TO ENTRANT _____

TO BE COMPLETED ON BEHALF OF ALL ENTRANTS

I hereby certify that the exact handicap (eg +1.8) of the entrant is + 2 . 7 under the handicapping system adopted in the country from which he has entered and that, to the best of my knowledge and belief, he is an amateur golfer in accordance with the Rules of Amateur Status.

SECRETARY'S SIGNATURE  TEL NO 91 555 26 82
NAME AND ADDRESS R.F.E.G. CARRAYO DELGADO - 28049 MADRID
OF CLUB/ COUNTRY SPAIN
DATE 04/05/2015

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

R&A Championships Limited will use the information you provide on this entry form to process your entrance to and participation in The Amateur Championship. It may also be used by R&A Championships Limited to: (a) update the WORLD AMATEUR GOLF RANKING™, if relevant; and (b) provide you with information on Rule updates or similar information regarding the game of golf. R&A Championships Limited may share your information within the R&A group of companies for these purposes.

At all times R&A Championships Limited will process your information in accordance with the Data Protection Act 1998.