ENTRY FORM

fax: +43 (0) 77 12 / 60 279
email: bgc@golfhandicap.at

closing date: Thursday, July 31st, 2011

BEHINDERTEN GOLFCLUB
Verein für österreichische Behindertengolfer

First PLAYER Mrs. ☐ Mr. ☐

Name: _____ Date of birth: _____

Address: _____

Postcode: _____ City: _____ Country: _____

Mobile: _____

E-Mail: _____

Type of Disability: _____ EDGA Pass: YES ☐ NO ☐

Home Club: _____ EGA - HCP: _____

I want to play the Charity Integration Tournament „Play Together“ YES ☐ NO ☐

Buggy: YES ☐ NO ☐ Trolley: YES ☐ NO ☐ E-Trolley: YES ☐ NO ☐

Type of Room: Single ☐ Double ☐ Wheelchair room ☐

Arrival date: _____ Date of departure: _____

Arriving by own car YES ☐ NO ☐

Arriving by airplane YES ☐ NO ☐ Airport Shuttle YES ☐ NO ☐

Name of accompanying person _____

☐ **I have no partner**

☐ ***I play with** _____

* Please add your partners Information on the second page.

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BEHINDERTEN GOLFCLUB
Verein für österreichische Behindertengolfer

Second PLAYER Mrs. ☐ Mr. ☐

Name: _____ Date of birth: _____

Address: _____

Postcode: _____ City: _____ Country: _____

Mobile: _____

E-Mail: _____

Type of Disability: _____ EDGA Pass: YES ☐ NO ☐

Home Club: _____ EGA - HCP: _____

I want to play the Charity Integration Tournament „Play Together“ YES ☐ NO ☐

Buggy: YES ☐ NO ☐ Trolley: YES ☐ NO ☐ E-Trolley: YES ☐ NO ☐

Type of Room: Single ☐ Double ☐ Wheelchair room ☐

Arrival date: _____ Date of departure: _____

Arriving by own car YES ☐ NO ☐

Arriving by airplane YES ☐ NO ☐ Airport Shuttle YES ☐ NO ☐

Name of accompanying person _____

Date: _____ Signature first Player: _____

Signature second Player: _____