



EUROPEAN SENIOR GOLF ASSOCIATION

9 • 14 AUGUST 2015 / LUXEMBOURG



ENTRY FORM II

Nation

Please enter below the names of the players of the team and their handicap.

CHAMPIONSHIP Gross

	Last Name	First Name	Exact hcp	Date of birth
1				
2				
3				
4				
5				
6				

CAPTAIN :

CUP Net

	Last Name	First Name	Exact hcp	Date of birth
1				
2				
3				
4				
5				
6				

CAPTAIN :

ALL CAPTAINS ARE REQUESTED TO SUBMIT AT THE CAPTAINS MEETING A CERTIFICATE OF HANDICAP AND THE NAME OF THE HOME COURSE OF EACH PLAYER.

PLEASE SEND THIS FORM BEFORE 15 JULY 2015 TO :

Golf Planet Events, Arnaud Leballeur,
35 route de Longwy, L-8080 Bertrange, Luxembourg
Phone : +352 621 356 450 / email : arnaud@golfplanet.lu

