



BHTA FUNDRAISING GOLF TOURNAMENT

TEAM REGISTRATION FORM

TEAM NAME: _____ ORGANISATION: _____
(if applicable)

CONTACT INFORMATION

PLAYER 1

NAME : _____ HANDICAP INDEX: _____
DAY TIME CONTACT : _____ MOBILE NUMBER: _____
EMAIL ADDRESS: _____

PLAYER 2

NAME : _____ HANDICAP INDEX: _____
DAY TIME CONTACT : _____ MOBILE NUMBER: _____
EMAIL ADDRESS: _____

PLAYER 3

NAME : _____ HANDICAP INDEX: _____
DAY TIME CONTACT: _____ MOBILE NUMBER: _____
EMAIL ADDRESS: _____

PLAYER 4

NAME : _____ HANDICAP INDEX: _____
DAY TIME CONTACT: _____ MOBILE NUMBER: _____
EMAIL ADDRESS: _____

**PLEASE SUBMIT COMPLETED REGISTRATION FORM TO bhtagolftournament@gmail.com
BY MONDAY NOVEMBER 9, 2015.**