

ROYAL BELGIAN GOLF FEDERATION

Entry Form Competition: Belgian Disabled Golf Championship

TO BE COMPLETED BY ALL ENTRANTS.														
Federation Number*]	
Please complete all relevant areas in BLOCK CAPITALS and return to the address below.														
FIRST NAME*														
FAMILY NAME*														
EMAIL*														
MOBILE*														
DATE OF BIRTH*	M M Y	Y Y	Y	NATIONA	ALITY*						S	EXE* (M o	r F)	
HOMECLUB*										WHS HCP* (when +hcp add +)				
WR4GD PASS	ACCESS PASS													
SIGNATURE* * Mandatory						DATE*								
Requires EDGA-assessment form? Yes or No														
Buggy required during round? Yes or No Brings own transportation? Yes or No								No						
Para golfer required during round? Yes or No														
I declare I am eligible under the conditions of the Championship and I conform that all of the above information is correct to the best of my knowledge.														
Date & Signature :														

Closing Date of Entries: Monday 10th of May 2021 at 23:00 To be sent to: competition@golfbelgium.be or Fax: 02 675 46 19

2: +32-2-672.23.89