



**2019 Bermuda Golf Association
Amateur Four-Ball Championships**
Hosted by Port Royal Golf Course



Official Entry Form

Dates Saturday, February 1st – Sunday, February 2nd, 2020

**Entry includes two tournament rounds with cart
and player lunch on Sat. & Sun.**

Entry Fee \$340 per team, or \$170 per person, inclusive of cart
**** \$120 per person for Port Royal & BJGA members ****

Format 36-hole four-ball stroke play event for teams of two, played at 85% handicap

Divisions Please indicate the division you wish to enter: (select one)

- Men's Championship** - Blue tees (6,401yds; 71.1 / 128)
- Senior Men's Championship** - White tees (5,894yds; 68.8 / 124)
-- **Eligibility:** Both players must be 55 on or before February 1st, 2020
- Ladies Championship** - Red tees (5,176yds; 69.4 / 122)

Deadline Entries close at 5:00pm on Monday, January 27th, 2020. Late entries will not be accepted.

Team Information (please print)

➤ **Player 1 Name:** _____ **Date of Birth:** (dd/mm/yy) _____

Telephone: (home) _____ (work) _____ (cell) _____

Email: _____

GHIN No.: (if applicable) _____ **Handicap Index:** ____ • ____ Select for "plus" handicap

Issuing Club: _____ **Country / State (if USA):** _____

➤ **Player 2 Name:** _____ **Date of Birth:** (dd/mm/yy) _____

Telephone: (home) _____ (work) _____ (cell) _____

Email: _____

GHIN No.: (if applicable) _____ **Handicap Index:** ____ • ____ Select for "plus" handicap

Issuing Club: _____ **Country / State (if USA):** _____

Championship Committee will verify all handicaps prior to Registration

Methods of Payment: (select one) Online transfer Visa MasterCard Discover Check

i) Online transfer details: Bank of Butterfield account no.: **20-006-060-072135-100** – Bermuda Golf Association
(Please include your full name and "Four-Ball Entry" so the Committee can correctly identify the transfer)

ii) Make check payable to "Bermuda Golf Association" and return to: P.O. Box HM 433, Hamilton HM BX, Bermuda

iii) Please indicate payment amount: (select one) **Team** \$340 \$290 \$240 **Individual** \$170 \$120

Credit Card No.: _____ Expiry Date: (mm/yy) _____ CVV/CVC: _____

Cardholder Name: _____ Signature: _____