



**2020 BGA Team Challenge**  
Hosted by Port Royal Golf Course



**Official Entry Form**

- Dates** Saturday, 19<sup>th</sup> September, 2020; Shotgun Start @1.00pm
- Entry Fee** \$340 per team, or \$85 per person, inclusive of cart  
**\*\* \$60 per person for Port Royal & BJGA members \*\***
- Format** Two-best-balls-of-four stroke play event played at 85% handicap (men & ladies)  
Teams of four will count their two lowest scores on each hole using the Stableford scoring system
- Teams** May be comprised of any four players regardless of gender, age or handicap
- Tees** **Men:** Blue tees (6,401yds; 71.1 / 128)  
**Senior Men** White tees (5,894yds; 68.8 / 124  
-- **Eligibility:** Both players must be 60 years on or before 19<sup>th</sup> September, 2020  
**Ladies:** - Red tees (5,176yds; 69.4 / 122)
- Deadline** **Entries close at 5:00pm on Monday, 14<sup>th</sup> September, 2020. Late entries will not be accepted.**

**Team Information** (please print)

**TEAM NAME:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

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

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

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

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

➤ **Player 3 Name:** \_\_\_\_\_ **Date of Birth:** (dd/mm/yy) \_\_\_\_\_

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

➤ **Player 4 Name:** \_\_\_\_\_ **Date of Birth:** (dd/mm/yy) \_\_\_\_\_

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

\*\*\*\*\*

**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 "Team Challenge" 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 \$** \_\_\_\_\_  **Individual \$** \_\_\_\_\_

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

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_