



**2020 Bermuda Golf Association
Amateur Match Play Championships**
Hosted by Port Royal Golf Course



Official Entry Form

Dates Friday, November 13th – Sunday, November 15th, 2020 Entry includes minimum of three tournament rounds and player lunch on Sat. and Sun.
Entry Fee \$250 per person, inclusive of cart
** \$180 per person for Port Royal & BJGA members **

Format Competition will be in two stages:
 1. Qualifying - 18 holes stroke play to determine seeds for match play.
Note: All divisions will qualify on Friday.
 2. Match Play - General Numeric Draw will be used. See “Conditions of Competition” for schedules.
Note: Men and Ladies will be seeded into flights of 16; Senior Men will be seeded into flights of 8.

Divisions Please indicate the division you wish to enter: (select one)
 Men’s Championship - Black tees (6,842yds; 73.1 / 130)
 Senior Men’s Championship - White tees (5,894yds; 68.8 / 124)
 -- Eligibility: Must be 55 on or before November 13th, 2020
 Ladies Championship - Red tees (5,176yds; 69.4 / 122)

Deadline Entries close at 5:00pm on Monday, November 9th, 2020. Late entries will not be accepted.

Player Information (please print)

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

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

Email: _____

Verification of Handicap

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 “Match Play 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) **Non-Member** \$250 **Member** \$180

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

Cardholder Name: _____ Signature: _____