



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



**Official Entry Form**

**Dates** Saturday, February 6<sup>th</sup> – Sunday, February 7<sup>th</sup>, 2021

**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 6<sup>th</sup>, 2021

**Ladies Championship** - Red tees (5,176yds; 69.4 / 122)

**Deadline** Entries close at 5:00pm on Monday, 1<sup>st</sup> February, 2021. 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: \_\_\_\_\_