



2022 BGA Team Challenge

Hosted by Port Royal Golf Course



Official Entry Form

- Dates** Saturday, 10th September, 2022; Shotgun Start @1.00pm
- Entry Fee** \$340 per team, or \$85 per person, inclusive of cart
**** \$60 per person for Port Royal & Junior 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 10th September, 2022
Ladies: - Red tees (5,176yds; 69.4 / 122)
- Deadline** **Entries close at 5:00pm on Monday, 5th September, 2022. 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: _____