**REGISTRATION FORM**

**Deadline** for the registration is **September 10, 2016**

**TEAM NAME:**

Will participate at the reception **(Y/N)**

**Players: Golfer Spouse**

Name:

Hcp:

Name:

Hcp:

Name:

Hcp:

Name:

Hcp:

If your team should consist of only one or two players, organizers will co-ordinate you to a foursome team.

**For non-professional players only!**

At least one player in the team must have an official handicap 36 or better.

**Contact person** for this registration is:

Name: Phone: E-mail:

**Please send completed form to:** [swedcham@sweden.sk](mailto:swedcham@sweden.sk)

Michaela Bezecná, Swedish Chamber of Commerce, Tel.: +421 917 750 884, [www.sweden.sk](http://www.sweden.sk)