**REGISTRATION FORM**

**Deadline** for the registration is **September 17, 2019**

**TEAM NAME:**

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

**Players: Golfer Spouse**

Name 1:

Hcp: Registration No.:

Name 2:

Hcp: Registration No.:

Name 3:

Hcp: Registration No.:

Name 4:

Hcp: Registration No.:

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.Please update your HCP at the registration on the day of the tournament.

**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)