



Registration form 4:

## Handicap certificate of the players

Country:
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### Team Super Seniors Championship

Players Name	Exact Hcp	Home club
Date:	Captains signature	

### Team Super Seniors Cup

Date:	Captains signature	

### Team Masters Trophy

Players Name	Exact Hcp	Home club
Date:	Captains signature	

Please email this form to [bbil1@o2.pl](mailto:bbil1@o2.pl) before 20 June 2024

The form, if needed, must be updated at arrival day.