

Team Form

European Team Championship for Golfers with Disability

FEDERATION / UNION _____

Team Members

	Name	Surname	HCP	Birthdate
1.				
2.				
3.				
4.				

Team Advisor

Name	Surname	Mobile	Email

Team Captain

Name	Surname	Mobile	Email

Officials

Name	Surname	Mobile	Email

Signature, Date	Title

Please return this entry form duly completed by fax or mail before 15 June 2017 to:
Email: campeonatos@fpg.pt / Fax: +351 214 107 972

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Travel Form

FEDERATION / UNION _____

ARRIVAL

Date and Time of Arrival:

Number of People (include delegates):

Airline and Flight number:

ParaGolfer YES NO Number

Coming From:

Terminal 1 or 2:

DEPARTURE

Date and Time of Departure:

Number of People (include delegates):

Airline and Flight number:

ParaGolfer YES NO Number

Departure to:

Terminal 1 or 2:

Transfer will be provided upon arrival and departure. Please note that not returning the "Travel Form" by the deadline indicates that your team will not require the Portuguese Golf Federation's assistance in the airport

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