



TAURANGA
GOLF CLUB

BUSINESS HOUSE TWILIGHT SERIES 2018 - 2019

TEAM REGISTRATION FORM

manager@taurangagolf.co.nz

Name of Team: _____

Player Details (nominate up to eight, substitutes can be made during the season per the rules):

| NAME IN FULL | AFFILIATED PLAYERS | | | | | | | NON AFFILIATED PLAYERS | | email |
|-----------------|--------------------|--|--|--------------------|--|--|--|---------------------------------|---|-------|
| | HOME CLUB I/D * | | | HOME CLUB I/D * | | | | Current or previous Handicap | Tick here if you have played BHG before | |
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NOTE:

This registration form to be returned to the Tauranga Golf Club as soon as possible to enable us to provide you with your team ID numbers prior to the commencement of Round 1 of the competition.