



REGISTRATION FORM

for

Ground Golf Tournament – Warsaw, September 2018

Term and Place:

- Saturday-Sunday, **September 29-30, 2018**
- Poland, Warsaw, Sinus Sport Club

We hereby declare participation in the tournament of the following persons:

(please write in capital letters)

No..	First Name	Last Name	Country	Day 1: Saturday 29/9 (participation in dinner: 100 PLN)	Day 2: Sunday. 30/9 (participation in tournament: 100 zł)	Total Fees (PLN)
1						
2						
3						
4						
5						
					Total:	

We declare that according to the REGULATIONS OF THE TOURNAMENT, we shall pay the above amount to the bank account of the AGI Sport Club by 21/09/2018.

We declare that all the above-mentioned persons wishing to participate in the tournament have read the REGULATIONS OF THE TOURNAMENT and accept the terms stipulated therein.

The person submitting the Registration From:

Name and surname:	
Phone number:	
E-mail address:	
Date of registration form:	
Signature of the person submitting this form:	