

Under the distinguished patronage of Her Excellency the Governor, Ms Rena Lalgie



10th Annual REGISTRATION Friday, September 22nd **Port Royal Golf Course**

\$1,200 PER TEAM OF 4 **CAPTAIN'S CHOICE**

Company Name _____

Team Name: _

Captain's Name Cell: E-mail:	 Alumni RSVP # for Reception I1:30am – Registration & Warm up 12:30pm – Shotgun Start 5:30pm – Individual & Team Prizes Prize Presentation & Food, R 	affle
GHIN #: Handicap Index: Estimated Ha	andicap: Terms of Competition	
Player 2 Cell: E-mail:	Alumni Captain's Choice – teams consisting of four players should be s official entry form to include the players handicap and GHIN nu Players will be classed by the committee as an A, B, C or D play	mber (if known). er depending on
GHIN #: Handicap Index: Estimated Ha Player 3	Professional Men – Black tees; Men <12.7 Handicap Index	– Blue tees;
Cell:	Player's will receive a percentage of their handicap (maximum of ladies), which will be combined into a single handicap for the tear	25 for men and m as follows:
Player 4	Alumni Al	team score. Net epending on the
	I will donate four matching ns for a team prize Yes, I will donate an iter for an individual prize	n
PAYMENT METHOD Check Enclosed (payable to Duke of Ediphurgh's Award Bermuda)		

ble to Duke of Edinburgh's Award Bermuda)

Local Bank Transfer To Account # 20-030-060-263265-200 (Butterfield Bank - Duke of Edinburgh's Award Bermuda)

Cash