

**ENTRY FORM**

**XIX. CROATIAN SENIOR OPEN GOLF CHAMPIONSHIP**

**SENIORS – WOMEN AND MEN**

 **April 26th – April 28th 2024**

**Riverside golf Zagreb**

|  |  |  |
| --- | --- | --- |
| Name and surname: | W M |  |
|  |  |  |  |
| I am category 75+: |  Yes No | HCP index |  |
|  |  | FOR HCP BELOW ZERO PLEASE ADD **+**Handicap certificate is required on registration. |

|  |  |
| --- | --- |
| Date of birth: |  |
|  |  |
| Citizenship: |  |
|  |  |
| Home club, Country: |  |
|  |  |
| Phone/GSM: |  |
|  |  |
| E-mail: |  |

 Please contact me in order to assist me with accommodation reservation

|  |  |
| --- | --- |
| Signature: |  |

Please send your entry not later than **April 25th 2023.**, 12:00 to **office@golfsavez.hr**

For every received entry form we will send you written confirmation by email.