

TEAM FORM

EUROPEAN TEAM SHIELD CHAMPIONSHIPS, LADIES

<i>Country</i>			
<i>1. Player</i>		Date of birth:	
		HCP:	
<i>2. Player</i>		Date of birth:	
		HCP:	
<i>3. Player</i>		Date of birth:	
		HCP:	
<i>4. Player</i>		Date of birth:	
		HCP:	
<i>Team Captain (Amateur golfer)</i>			
<i>Team Advice Giver</i>			
<i>Additional people to arrive with team</i>			
<i>Team Captain's mobile phone</i>			
<i>Team Captain's e-mail</i>			

Date

Signature and federation stamp

Please, fill in this form and return it to tommytokas@yahoo.com.

By 14 July 2023

TEAM FORM

EUROPEAN TEAM SHIELD CHAMPIONSHIPS, MEN

<i>Country</i>			
<i>1. Player</i>		Date of birth:	
		HCP:	
<i>2. Player</i>		Date of birth:	
		HCP:	
<i>3. Player</i>		Date of birth:	
		HCP:	
<i>4. Player</i>		Date of birth:	
		HCP:	
<i>Team Captain (Amateur golfer)</i>			
<i>Team Advice Giver</i>			
<i>Additional people to arrive with team</i>			
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