



**XXXI. MARISA SGARAVATTI TROPHY**  
**July 4th - 8th 2022**  
**GOLF&COUNTRY CLUB BONMONT**

**ENTRY FORM 3**

Please fill out this Entry form and return to SSLGA - sgaravatti2022@sslga.ch before **2022 June 10th**

|         |  |
|---------|--|
| Country |  |
|---------|--|

| Team members               | Name (in block letters) | Surname (in block letters) | WHS <b>min. 5,0</b><br>Handicap Index |
|----------------------------|-------------------------|----------------------------|---------------------------------------|
| Player 1                   |                         |                            |                                       |
| Player 2                   |                         |                            |                                       |
| Player 3                   |                         |                            |                                       |
| Player 4                   |                         |                            |                                       |
| Player 5                   |                         |                            |                                       |
| Player 6 – playing Captain |                         |                            |                                       |
| Non-playing Captain        |                         |                            |                                       |
| Delegate                   |                         |                            |                                       |
| Official 1                 |                         |                            |                                       |
| Official 2                 |                         |                            |                                       |

Handicap certificate will be required – please send the hcp-certificate for each player before **2022 June 20<sup>th</sup>** to the ESLGA secretary – [secretary@eslga.org](mailto:secretary@eslga.org)

|   |  |                |  |
|---|--|----------------|--|
| Name of the person who filled out this form |  | Date           |  |
| Telephone number                            |  | E-mail address |  |

|           |  |
|-----------|--|
| Signature |  |
|-----------|--|

Any other questions?  
 Please contact us at: [sgaravatti2022@sslga.ch](mailto:sgaravatti2022@sslga.ch)