

TEAM FORM

To Be Completed On The Day Of Each Event

Golf Club Name

Team Manager

Phone Number

E-mail

Venue

Date

PAIR A

	NAME	PHOTO CONSENT	MEDICAL CONDITION
Player 1	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Player 2	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

PAIR B

	NAME	PHOTO CONSENT	MEDICAL CONDITION
Player 1	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Player 2	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

PAIR C

	NAME	PHOTO CONSENT	MEDICAL CONDITION
Player 1	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Player 2	<input type="text"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>