WORLD OF LEADING GOLF WORLD CUP SERIES INVITATION FORM





Fax to: + 49 89 21 55 72 14 9

Email to: worldcupseries@world-of-leading-golf.com

BOOKING FORM

Registration for Club de Golf La Reserva, 19th - 22nd October 2017

Name of your team					
Participant 1*					
Mr.	Mrs.	Title			
First name		Surname	Surname		
Date of birth		Nationality	Nationality		
Email (to get a confirmation)		Phone number (for any box	Phone number (for any booking requiries)		
Adress (street, number)					
City		Postal code	Country code		
Country		Your team captain	Your team captain		
Golf-relevant inforr	mation				
Golfer	Non-golfer				
Member of (name of your golf club)			Handicap (Format: +0.3 or -32.1)		
Number of practice rounds on arrival day requested		Preferred tee time			

^{*}Please indicate the address to which the invoices - including those for accompanying persons - as well as possible documents are to be sent.

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Booking details

Please book the following se	rvices:				
Estimated arrival date (at hotel)		Arrival time			
Estimated departure date (from hotel)		Departure time	Departure time		
Non-golfer could take Accommodations: La Reserva Villa Oasis (At the Kempinski Hote	·	ramme.			
Together in room with team member/participant 2 or companion (name here)					
Participant 2 or companion					
Mr.	Mrs.	Title			
First name		Surname			
Date of birth		Nationality			
Golfer Non-gol	.fer				
Member of (name of your companie	on`s golf club)		Handicap (Format: +0.3 or -32.1)		

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Specials		
Interested in Villa Oasis extension		
Interested in Villa Arco Iris extension	on	
Interested in breakfast at the villas	5	
Extra golf		
Number of rounds, Green-fee 18 h	noles € 224	
Number of rounds, Green-fee 9 ho	oles € 138	
Dates		
Preferred tee times		
Remarks (like allergies, requested upda	ates and other wishes etc.)	
Consent form I hereby declare that I have filled in all in knowledge. The regulations and the GT that before I book. I will get a separate (binding) confirmation this is just a reservation.	TCs are known to me as well as the entr	y and safety regulations. I am aware of
Date/place	 Name/signature participar	nt 1