



## HOME CLUB TRANSFER FORM

<b>PLAYER</b>			
NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
	<input type="text"/>		
ZIP CODE:	<input type="text"/>		
BIRTHDATE:	<input type="text"/>	NATIONALITY:	<input type="text"/>
LICENCE Nr:	<input type="text"/>		

<b>WORLD HANDICAP SYSTEM</b>	<b>P&amp;P HANDICAP</b>
Present Home Club	Present Home Club
<input type="text"/>	<input type="text"/>
New Home Club	New Home Club
<input type="text"/>	<input type="text"/>

<b>PLAYER'S SIGNATURE</b>	<b>SIGNATURE AND STAMP OF THE NEW HOME CLUB</b>
<hr/>	<hr/>
DATE: __/__/__	DATE: __/__/__

Please, return the form to: Federação Portuguesa de Golfe

Fax: (+351) 21 410 79 72 • Telef. (+351) 21 412 37 80

[licencas@fpg.pt](mailto:licencas@fpg.pt)

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