

**NSBGA OPEN TOURNAMENT 2009
PLAYER INFORMATION**

First Name: _____ Last Name: _____

Male Female IBGA Handicap: _____

Coach's Name: _____

Will the coach be playing the practice round on August 10th Yes No

Please note that the coach will be responsible for their own Green Fees for the practice round

Address: _____

Town: _____ Province/State: _____

Postal Code: _____ Phone: _____

Email: _____

Sight Category: B1 B2 B3

Accommodation Requirements: 1 Bed 2 Beds

You may request an extra night. Cost per extra night \$109 per room payable to the Motel

Player Shirt Size: Men's Ladies' S M L XL XXL XXXL

Coach Shirt Size: Men's Ladies' S M L XL XXL XXXL

BIO Please tell us a bit about yourself (300 Characters or less)