



## Form 3

### Name Registration - Deadline: 01.06.2023

Sports Director:  
Sean Richards  
E-Mail: [golf@edso.eu](mailto:golf@edso.eu)

Final entry: ..... 30.04.2023 (Form 2)  
Name Registration: ..... 01.06.2023 (Form 3)

EDSO Representative:  
T.B.C.

*We ask you to return this form to Sean Richards even if your country is not intending to participate. It is important for our preparations!  
Thank you!*

### 1<sup>st</sup> European Deaf Golf Championships 31<sup>st</sup> July – 3<sup>rd</sup> August in Aland, Finland

<b>Nation</b>	
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We will participate in the 1<sup>st</sup> European Deaf Golf Championships:

#### Men Team A participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					

#### Men Team B participants details (if applicable)

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					



## Men Individual participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					
5					

## Ladies Team A participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					

## Ladies Team B participants details (if applicable)

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					

## Ladies Individual participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					

## Senior Men Team A participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					



## Senior Men Team B participants details (if applicable)

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					

## Senior Men Individual participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					
5					

## Senior Ladies Team participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					

## Senior Ladies Team B participants details (if applicable)

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					



## Senior Ladies Individuals participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					
4					

## Male Junior participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					

## Female Junior participants details

	FAMILY NAME	First Name	ICSD ID #	Date of Birth (dd/mm/yyyy)	Handicap
1					
2					
3					



**Officials:**

	FAMILY NAME	First Name	Position
1.			
2.			
3.			
4.			
5.			
6.			

**Each Official must enter his/her position. For example:**

**President**

**Leader**

**Coach / Assistant Coach**

**Doctor**

**Physiotherapist**

**Interpreter**

**For Technical Meeting our delegates will attend are:**

	FAMILY NAME	First Name	Position	
1.				Deaf
2.				Deaf/Hearing

**DECLARATION**

*On behalf of our players and officials we declare that we have read and will comply with the regulations for the EDSO Competitions, and the information provided by us in this form is accurate to our knowledge.*

*We confirm that all our players named herein are deaf, citizens of our country, and registered under the appropriate gender. All our players and officials have a current valid passport issued by our country.*

*We understand that a fine will be levied on any player withdrawn after the final entry. The schedule fees are shown on the EDSO website:*

<https://www.edso.eu/wp-content/uploads/2018/03/EDSO-Schedule-Fees-v3.1.pdf>

*No player can be replaced after the name registration on **01.06.2023**, with the exception of those with a valid doctor's certificate that the player should not be allowed to start.*

**We hereby confirm that we have read and understood the EDSO General and Technical Regulations.**

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President (Name and signed)

Secretary (Name and signed)

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Date (dd/mm/yyyy)