

Western Province Golf

Royal Cape Golf Club, 174 Ottery Road, Wynberg 7800 POSTNET Suite 429, Private Bay X16, Constantia, 7848 +27 021 761 4195 • www.westernprovincegolf.co.za NPO Registration Number 296-572

2024 RAND - A - ROUND

WP Tournament Support and Reimbursement Claim Form

Player Name					D.C	D.B		1	1
Tournament Name				Number o	f Rou	nds			
Tournament Date	1 1	/ / Tournament							
Tournament Category	U/13	U/18	5	U/17	U/19				OPEN
Current WPG Ranking	Curre Rankii			nt GolfRSA ng			_		
Date & name of last tournament entered		Position finished at last tournament							
Expenses claimed									
Entry Fee									
Other (Stipulate expense(s) cost)									
I hereby,									
 confirm the above documentation supplied a 					gethe	r with	n the	e si	upporting
 confirm that I have rec 				•	y club	, a sp	onsor	or	any other
instance and,hereby acknowledge tReimbursement Policy.	the terms and co	onditions	s as set	out on the	WP T	ourna	ment	Sup	oport and
Player Signature:									
Date:									
Parent Signature (if playe	er younger than 1	9yrs): .							
Date:									

OFFICE USE ONLY

Please kindly submit to Robert Scott at <u>robert.scott@wpgolf.co.za</u> and <u>golfops@wpgolf.co.za</u> at least 10 days prior to tournament date.