

TEAM INFORMATION



Date Event

Venue

WELCOME TO THE SPORTINGCLASS INDUSTRY INVITATIONAL

This is your team information sheet for all team members, Please complete the following fields then return by email to samp@sportingclass.com

**N.B. Please make sure you enter contact details for all four participants.
This is a core requirement and without it you will not be eligible to qualify.**

CAPTAIN

First Name

Surname

Handicap

Company

Job Title

Email Address

Phone Number

Waist Size Chest Size:

ONE

First Name

Surname

Handicap

Company

Job Title

Email Address

Phone Number

Waist Size Chest Size:

TWO

First Name

Surname

Handicap

Company

Job Title

Email Address

Phone Number

Waist Size Chest Size:

THREE

First Name

Surname

Handicap

Company

Job Title

Email Address

Phone Number

Waist Size Chest Size:

We pass your personal data onto carefully selected tournament parties. To opt out of receiving any such communication please tick here

