|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Joueur(euse) U18 a préciser | Nom | Prénom | N° Licence  | Index | CERTIF MEDICAL OK ? | Cote part du GF à payer  |
| 1  |  |  |  |  |  |  |
| 2  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6  |  |  |  |  |  |  |
| Capitaine &Remplaçant  |  |  |  |  |  |  |
| Vice CapitaineAccompagnants caddies Remplaçants |  |  |  |  |  |  |
| Référent Club  |  |  |  |  |  |  |
| Montant € enveloppe du club  |  |  |  |  |  |  |

CRITÉRIUM DÉPARTEMENTAL 2025GOLF DE EQUIPE : |

**NB de REPAS :**

Index à jour, le jour de l’inscription.

Date limite de l’inscription / le lundi 12H précédent la rencontre.

U18 à préciser pour bénéficier des 5 pts supplémentaires.