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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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 Capitaine  Accompagnants caddies Remplaçants |  |  |  |  |  |  | | Référent Club |  |  |  |  |  |  | | Montant € enveloppe du club |  |  |  |  |  |  |   CRITÉRIUM DÉPARTEMENTAL 2025  GOLF 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.