



BOLAND GOLF

The Boland Ladies Golf Union

Cell: +27 76 319 8099

E-mail: bolandladiesgolf@gmail.com

PO Box 266, Wellington, 7654

Boland Ladies Golf Union

Re-Imbursement Claim Form

This claim form must be completed and understood in conjunction with the BLGU Re-Imbursement Policy

Players Details

Name & Surname: _____

Home Club: _____

Contact Number: _____

Email address: _____

Banking Details for Re-Imbursement

Bank: _____

Branch: _____

Acc Number: _____

Acc Type: _____

Re-Imbursement on Order of Merit Claim

Name of Tournament: _____ Entry fee of tournament: _____

Date of 1st round: _____

Top 3 on which Order of Merit: _____ Position: _____

Re - Imbursement on National Performance Claim

Name of Tournament: _____ Date: _____

Region of Tournament: *(Please mark with "X")*

Boland & WP	Southern Cape	JHB, DBN, FS, NC, PE	East London
-------------	---------------	----------------------	-------------

Tournament Duration: *(Please mark with "X")*

2 Day	3 Day	4 Day
-------	-------	-------

Tournament Result: *(Please mark with "X")*

Winner	2 nd to 5 th	6 th to 10 th
--------	------------------------------------	-------------------------------------

Executive Committee

Ms Maria Kirton (President) / Ms Marzanne van Lill / Mrs Hannelie Goosen / Mrs Brenda Mullins / Mrs Pearl Steyn / Mrs Annerie Coetzee / Ms Louise Olivier