

Boland Golf Union

Re-Imbursement on Performance Claim Form

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

Players Details

Name & Surname: _____

Home Club: _____

Contact Number: _____

Email address: _____

Banking Details for Re-Imbursement

Bank: _____

Branch: _____

Acc Number: _____

Acc Type: _____

Tournament Details

Name of Tournament: _____ Date: _____

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

Boland & WP	Southern Cape	JHB, DBN, FS, NC, PE	East London
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Tournament Duration: *(Please mark with "X")*

2 Day	3 Day	4 Day
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Tournament Result: *(Please mark with "X")*

Winner	2 nd to 5 th	6 th to 10 th
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