

Palmares Golf
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REGISTRATION FORM

XXXII

ALMOND BLOSSOM 2009

From the 26th to the 30th of January

1. Your Details: Mr\Mrs\Miss (please delete as appropriate)

First Name _____ Last Name _____

Address: _____

City _____ Zip/Post Code _____

Phone _____ Fax _____

Email _____

Handicap _____ Home Club _____ Palmares Member Nrº _____

Buggies Reservation for following days: 26th /01 _____ 27th /01 _____ 29th / 01 _____ 30th /01 _____

Nrº of guest for the dinner (€50.00 / Guest): _____

2. Payment Details: Credit Card Cheque Bank Transfer Cash

Credit Card Details:

TOTAL: € _____ Payment Guaranteed by: Master Card Visa Amex

Name of Card Holder _____

Card Number _____ Expiry Date _____

Security Code (Last 3 digits on the reverse) _____

I agree to pay the amount above according to my card issuer agreement.

Please print the name as it appears on the card.

Card holder Signature

Bank Transfer

SIX, Investimentos Turísticos, S.A. (Palmares Golf)

BPI- Centro de Empresas do Estoril

IBAN: PT 50 10 0000 2274 3300 0011 3

SWIFT/ BIC : BBPIPTPL

We require the copy of the Bank Transfer Form.

Fax back to Reservations Department + 351 282 790 509