

To: ALGOLF

Fax: +351 289 351 509

NAME	PHONE NUMBER	FAX NUMBER	e-MAIL
HANDICAPS			

AIRPORT	ARRIVAL			DEPARTURE		
	DATE	FLIGHT NUMBER	TIME	DATE	FLIGHT NUMBER	TIME

HOTEL OR CONTACT DETAILS IN PORTUGAL			
CAR REQUIREMENTS	QTY	GROUP	EXTRA REQUIREMENTS / NOTES

GOLF REQUEST			** Please circle your preference within the three chosen alternatives.		
DAY	DATE	**PREF.	GOLF COURSE	TIME OF DAY	NUMBER OF PLAYERS
Sunday		1			
		2			
		3			
Monday		1			
		2			
		3			
Tuesday		1			
		2			
		3			
Wednesday		1			
		2			
		3			
Thursday		1			
		2			
		3			
Friday		1			
		2			
		3			
Saturday		1			
		2			
		3			

Signature.