FICHA DE INSCRIÇÃO

(não serão aceitas fichas incompletas)

Solicito a minha inscrição no **IV ABERTO BRASIL KIRIN PORTAL JAPY GOLF CLUB.** Declaro ter conhecimento da programação completa e estar de acordo com o regulamento do evento.

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| Nome completo=> |  |

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| Clube=> |  |

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| email=> |  |

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| Sexo => | F |  |  | M |  |  | data nascimento => |  |  |  |

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| nacionalidade=> |  | telefone**:** |  |

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| HCP INDEX=> |  |  | Código do HCP INDEX => |  |

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| **Favor assinalar sua categoria** |

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| **Masc****até 8,5** | **Masc****8,6-14,0** | **Masc****14,1-19,4** | **Masc****19,5-25,7** | **Masc****25,8-32,9** | **Fem****até 16,0** | **Fem****16,1-25,7** | **Juvenil****até 18 anos** | **Executive Course** |
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| Telefone(s) para contato: |  |  |

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| **Ad. Masc** | **R$400,00** | **BANCO SANTANDER S/A (033)** |
| **Ad. Fem** | **R$300,00** | **AGÊNCIA: 2232** |
| **Juvenis** | **R$200,00** | **C.CORRENTE: 13.000417-3** |
| **Executive Course** | **R$400,00** | **CNPJ: 10.296.070/0001-92** |
|  | **JAPY GOLF E HOTEL LTDA.** |
|  |
| **Pedimos a gentileza de transmitir o comprovante de depósito devidamente identificado para e-mail:** **portal.japy@netserv.com.br****/ fax: 0.xx.11.4013-8822** |

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|  |  |  |  | **2015** |
|  | local | *dia* | *mês* | *ano* |

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| nome => |  |
| assinatura => |  |