



Sanctioned by MCA



Supported by:



ENTRY FORM

The Tournament Secretary
Kurnia Saujana Amateur Championship 2010
 Saujana Golf & Country Club
 P.O. Box 8148 Kelana Jaya
 46783 Petaling Jaya, Selangor D. E., MALAYSIA.
 Tel: 03-7846 1466 Fax: 03-7846 7818

 DATE: ____-____-____
 (Day/Month/Year)

Name: _____

 Handicap (USGA)*: ____ Handicap Index (USGA): ____ NHS No: ____
 *Competitors are required to attach a copy of their recent handicap card for verification purposes.

 Address: _____

Tel No.(Office): ____-____-____ (House): ____-____-____ (Mobile): ____-____-____

Email: _____

Golf Club: _____

 I enclose herewith cash/cheque for RM _____ Cheque No: _____
 made payable to **SAUJANA RESORT (M) BERHAD** being the fees for the following (please tick ✓):

☐ ENTRANCE FEE..... : RM **3.5.0.0.0.**

ACCOMMODATION:

☐ Single Room @ RM241.50 nett/night (Without breakfast) ____ day(s) : RM _____

☐ Twin Sharing @ RM241.50 nett/night (Without breakfast) ____ day(s) : RM _____

Note: Please include commission charge for outstation cheque.

 Check-in Date: ____-____-____
 (Day/Month/Year)

TOTAL RM _____

 Check-out Date: ____-____-____
 (Day/Month/Year)

DECLARATION:

I declare that I have not lost my Amateur Status*.
 (Please refer to Rule 3 (Rules of Amateur Status)
 regarding Amateur Status forfeiture).

 (Signature of participant)

PLEASE CHOP & SIGN

I hereby certify that the information given above is correct.

 Club Captain / Secretary / Manager