

le coq sportif HONG KONG JUNIOR OPEN CHAMPIONSHIP 2013
THE HONG KONG GOLF CLUB, FANLING
THURSDAY 15 – FRIDAY 16 AUGUST 2013
(AGE 11 – 17)

ENTRY FORM (OVERSEAS)

I wish to enter the le coq sportif Hong Kong Junior Open Championship 2013. I confirm that I am an amateur golfer, as defined by the Rules of Amateur status as approved by R&A Rules Limited. I agree to abide by the conditions governing this Championship. I confirm that I will be under 18 years of age on 15 August 2013.

PLEASE USE BLOCK CAPITALS

NAME: _____
(SURNAME) (FIRST NAME) (CHINESE CHARACTER 中文姓名 if available)

ADDRESS: _____

TEL:	DATE OF BIRTH (DD/MM/YY) :	MALE/ FEMALE:
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FAX: AGE on 15 August 2013:

EMAIL ADDRESS:

My HANDICAP is _____ or my USGA HANDICAP INDEX is with _____
 _____ Golf Club/ Golf Association/ Golf Union
 and I attach a copy of my current handicap certificate. Please complete telephone and fax number of Golf Club/ Golf Association/
 Golf Union.

Tel. No: _____ Fax No: _____

MAJOR GOLF ACHIEVEMENTS:

Tournament Date	Name & Location of tournament	Placing

SIGNATURE OF OFFICIAL: _____ OFFICIAL STAMP: _____ TITLE: _____ NAME: _____

ENTRY FEE:	HK\$400.00	ENTRIES CLOSE:	MONDAY, 8 JULY 2013
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☐ On line payment can be made after receiving confirmation of acceptance of entry into the tournament .

- ❖ Entries will be accepted at the discretion of The Hong Kong Golf Association and their decision will be final.
- ❖ In the event of over subscription, lower handicap index entrants will take priority.
- ❖ No entry fee will be refunded for withdrawals after 8 July 2013.
- ❖ The Tournament Committee reserves the right to disqualify any player making a false statement on his/her entry form.

PLAYER'S SIGNATURE: _____

I give permission for my son/daughter to participate in the le coq sportif HK Junior Open Championship 2013. I agree that _____ may participate in the above competition, and declare his/her health condition is able to withstand the conditions of play. The Hong Kong Golf Association will NOT be responsible, if the participant suffers any injury or illness while participating in the competition.

Name of Parent/Guardian_____ Signature of Parent/Guardian_____

PARENT'S OR GUARDIAN'S SIGNATURE: _____ DATE: _____

Return to: The Hong Kong Golf Association, Suite 2003, Olympic House, 1 Stadium Path, So Kon Po, Hong Kong.
Tel. No.: (852) 2504 8659 Fax No.: (852) 2845 1553 Email: hkgolf@hkga.com