

MPI SAUJANA

AMATEUR CHAMPIONSHIP

27 - 29 May 2014

MULTI-PURPOSE INSURANS



ENTRY FORM

The Tournament Secretary
MPI Saujana Amateur Championship 2014
 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

Closing Date: 16 May 2014

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/Home): ____ (Mobile): ____

Email: _____

Golf Club/Association: _____

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 3,500.00

ACCOMMODATION (at The Saujana Kuala Lumpur):

☐ Single Room @ RM301.60 nett/night (Without breakfast) ____ day(s) : RM ____

☐ Twin Sharing @ RM301.60 nett/night (Without breakfast) ____ day(s) : RM ____

Note: Please include commission charge for outstation cheque.

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

TOTAL RM _____

DECLARATION:

1. I have read and understood the conditions and hereby agree to abide by them. The entry fee will not be refundable if I withdraw my entry after the closing date.
2. I declare that I have not lost my Amateur Status* (Please refer to rule 3 [Rules of Amateur Status] regarding Amateur Status).

Signature of Participant: _____

CERTIFIED BY:

Name of Club / Golf Association: _____

We hereby certify that the information given above is correct.

 Club Captain / Secretary / Manager (Name & Signature) Date: ____
 (Day/Month/Year)

Club / Association Stamp