

### SINGHA THAILAND AMATEUR OPEN 2015

### September 8 - 11, 2015

# PLAYER ENTRY FORM

To be returned with Player's Biodata Forms by July 17, 2015 to:

### **Thailand Golf Association**

Address: Room No. 212-213, Ratchamangla National Stadium 286,

Ramkhamhaeng Road, Hua Mark, Bangkapi, Bangkok 10240, Thailand

P.O.Box 1190 Ramkhamhaeng Bangkok 10240

Tel: +66 (0) 2369-3777-9 (3 numbers)

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Fax:	+66 (0) 236	9-3776 Email: thailandgolfass	sociation@hotmail.com	
Name	e of the Asso	ociation / Union:		
Conta	act Address:	-		
			Telephone:	
			Contact Official	
			Team Captain:	
Repre	esenting cou	ntry:		
	Men	Name(Family/Given Name)		Handicap Index
	1			
	2			
	Women	Name(Family/Given Name)		Handicap Index
	1			
	2			
		y that the players are amateur	r golfers under the Rules of Ama	teur Status of the
Date:		A STATE OF THE STA	Signature:	
Positi	on:			

The Entry Form is to be sent no later than July 17, 2015 at the latest with Players' Biodata Forms and photographs.



### SINGHA THAILAND AMATEUR OPEN 2015

### September 8 - 11, 2015

# PLAYER'S BIODATA FORM

(Please type or print the following information.)

NAME FAMILY NAME		/GIVE			
DATE OF BIRTH	MM	/DD	/YY	AGE	
COUNTRY					
ADDRESS :					
CONTACT NO:			FAX NO		
YEARS PLAYING GO	LF:		HCP INDEX		
GENDER:					
E-MAIL.				-	
MAJOR ACHIEVEM	ENTS:				
	NAME OF	F TOURNAMENT		YEAR	PLACING

Please return to Thailand Golf Association no later than July 17, 2015.

## THAILAND GOLF ASSOCIATION

**Tel:** +66 (0) 2369-3777-9 (3 numbers)

**Fax:** +66 (0) 2369-3776

Email: thailandgolfassociation@hotmail.com



### SINGHA THAILAND AMATEUR OPEN 2015

September 8 - 11, 2015

# ACCOMMODATION REQUEST FORM

(Please type or print the following information.)

Official Hotel: Sinsiri Resort Panya-Ramintra.

• Address: 93/1 Panya-Ramintra Rd. Kunnayao Bangkok 10230 Thailand

• Contact No.: +66 2 509 3365

• Website: www.synsiri.com

• Email: apichaya@sinsiri.com

Fax No:	Email:		
Name of Association/ Union:		Tel No:	
Service Charge and Taxes are include	ded.		
EXTRA BED		THB 500	
SINGLE BEDROOM		USD 50	
TWIN BEDROOM		USD 50	
ROOM TYPE		RATE	

#### ROOM REQUEST:

	Position	ARRIVAL			DEPARTURE		
Name	Captain/Delegate/ Player/Official (Please specify)	DATE	FLIGHT	TIME	DATE	FLIGHT	TIME

A dditional	requests or concerns	a if any
Addillonar	requests or concerns	s II anv

Please return to Thailand Golf Association no later than August 14, 2015

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