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|   |  |  |
|  | NAME: |   |   |   |   |   |   |   |   |  |
|  | DATE OF BIRTH: |   |  | NATIONALITY: |   |   |   |  |
|  | CONTACT NO.: |  | FAX NO.: |   |   |   |   |  |
|  | EMAIL ADDRESS (Required For Confirmation):      |   |  |
|  | CLUB AFFILIATION: |   |   |   |   |   |   |   |  |
|  | HANDICAP INDEX: |   |   |   |   |   |   |   |  |
|  | HANDICAP CERTIFIED BY: |   |   |   |   |   |   |  |
|  |   |  |   |   |   |   |   |   |  |   |  |
|  |   |  | *Signature over printed name of Club Golf Director* *(Or Attach a Handicap Certification)* |  |   |  |
|  |   |   |  |   |  |   |  |
|  | I certify my intention to enter the 2016 Philippine Ladies Amateur Open Golf Championship  |   |  |
|  | at the Tagaytay Midlands Golf Course, Tagaytay Higlands International Golf Club Inc.  |   |  |
|  | on January 20 to 22, 2016 and that the above club details are correct. |   |   |  |
|  | DATE: |   |   | SIGNATURE: |   |   |   |  |
|  | FAX THIS FORM TO: |   | OR EMAIL THIS FORM TO: |   |   |  |
|  | (632) 5564298 |  | maisa\_catindig@yahoo.com |  |   |  |
|  | Not later than December 30, 2015 | Ms. Maisa Catindig, WGAP Tournament Chair |   |  |
|  |   |  |  |  | Secretariat@wgap-golf.com |  |   |  |
|  |   |  |  |  | Ms. Anna Lacson- Haurie, WGAP President |   |  |
|  | PAYMENT INFO: |   |   |   |   |   |   |   |  |
|  | I have deposited the amount of |   |  |  |  |  |   |  |
|  | Php 7,000. |   | USD 170.  |   |   |   |   |  |
|  | Peso Bank Account Name: WGAP |   | US$ Bank Account |   |  WGAP |   |  |
|  | Checking Acct. # 0291-0369-37  | Savings Acct. # 0294-0344-04 |  |   |  |
|  | Bank of the Philippine Islands | Swift Code - BOPIPHMM |  |   |  |
|  | Forbes Park Branch,  |  | Bank of the Philippine Islands |  |   |  |
|  | Makati City Philippines |   | Forbes Park Branch, Makati City Phils. |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

ENTRY FORM

ATTACHED PHOTO HERE