

MPI GENERALI SAUJANA

AMATEUR CHAMPIONSHIP

23 - 25 May 2017



ENTRY FORM

The Tournament Secretary
MPI Generali Saujana Amateur Championship 2017

Closing Date: 12 May 2017

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/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 8 0 . 0 0

ACCOMMODATION (at The Saujana Kuala Lumpur):

☐ Superior Single/Twin Room @ RM360.00 nett/night (Without breakfast) ____ day(s) : RM _____

☐ Deluxe Triple Share @ RM570.00 nett/night (Without breakfast) ____ day(s) : RM _____

Note: Please include commission charge for outstation cheque.

TOTAL RM _____

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

DECLARATION:

- 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.
- 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 / Association Stamp

.....
Club Captain / Secretary / Manager (Name & Signature)

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