HONG KONG JUNIOR OPEN CHAMPIONSHIP 2017 THURSDAY 10 AND FRIDAY 11 AUGUST 2017 (For Age 11 – 12) – 36 holes WEDNESDAY 9 – FRIDAY 11 AUGUST 2017 (For Age 13 – 17) – 54 holes THE CLEARWATER BAY GOLF & COUNTRY CLUB

MONDAY 14 AUGUST 2017 (For Age 7-10) – 18 holes THE HONG KONG GOLF CLUB, DEEP WATER BAY ENTRY FORM (OVERSEAS)

I wish to enter the Hong Kong Junior Open Championship 2017. 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 9 August 2017.

PLEASE USE BLOCK CAPITALS				
(SURNAME)	(FIRST NAME)	(CHINESE CHARACTER 中文姓名 if available)		
ADDRESS:				
	DATE OF BIRTH			
ГЕL:	(DD/MM/YY):	MALE/ FEMALE:		
FAX:	AGE on 9 August 2017:			
EMAIL ADDRESS:				
/ly HANDICAP is o	r my USGA HANDICAP INDEX is	s 🗌 🖬 🔲 with _		Association / Colf I Inion
and I attach a copy of my current Golf Union.	handicap certificate. Please com	plete telephone a		Association/ Golf Union f Club/ Golf Association/
Геl. No:	Fax No:			
MAJOR GOLF ACHIEVEMENTS:				
Tournament Date Name & Location of tou		irnament		Placing
SIGNATURE OF OFFICIAL:	OFFICIAL STAMP:		LE:	NAME:
A – F	F : HK\$440.00	ENTRIES	MONDAY, 10 JULY 2017	
	J : HK\$220.00	CLOSE:		
Con line payment can be mad	le after receiving confirmation of	acceptance of en	try into the tournamer	it.
 Entries will be accepted at the dis In the event of over subscription, I There is no penalty if a player with the entry fee will be forfeited and from playing in the tournament the The Tournament Committee reseins PLAYER'S SIGNATURE: 	rves the right to disqualify any player ma	on and their decision riority. ntries 10 July 2017. S 2 hours notice before king a false statemer	will be final. Should a player withdraw a the date of the tournamer ton his/her entry form.	fter date of the close of entries nt, the player will be suspende
	n/daughter to participate in the			
	may participate in tand the conditions of pla			
	nt suffers any injury or illne			
Name of Parent/Guardian_	Si	gnature of Parent/Guardian		
PARENT'S OR GUARDIAN	'S SIGNATURE:		DATE:	