Sanctioned by MGA

MPI GENERALI SAUJANA

AMATEUR CHAMPIONSHIP

2 - 4 May 2018

MPI GENERALI

MALAYSIA SAUJANA GOLF & COUNTRY CLUB

ENTRY FORM

The Tournament Secretary
MPI Generali Saujana Amateur Championship 2018
Saujana Golf & Country Club
Saujana Resort, Section U2
40150 Shah Alam, Selangor D. E., Malaysia.
Tel: 03 -7846 1466 Fax: 03 - 7846 2316

Closing Date: 19 April 2018

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): ___ - _____

*Competitors are required to email their passport size photo (jpeg/png) to: marketing@saujana.com.my

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✓):
Accounts details: **CIMB 800 - 258 - 2670**

☐ ENTRANCE FEE ..... : RM 400.00
(Inclusive of 6% GST)

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: ___ - ___ - ___ (Day/Month/Year) Check-out Date: ___ - ___ - ___ (Day/Month/Year)

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).
3. I understand that Saujana Golf & Country CLub, MPI Generali and its approved agents reserve the right to use my name and/or pictures taken during the event for any commercial purposes in future, without any compensation.

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)