




**MALAYSIAN JUNIOR OPEN GOLF CHAMPIONSHIP
SAUJANA GOLF & COUNTRY CLUB
13th - 15th SEPTEMBER 2011
ACCOMMODATION REQUEST FORM**

This part must be completed if accommodation is required at the THE SAUJANA HOTEL

NAME : _____ GENDER : _____
 ADDRESS : _____
 COUNTRY : _____ EMAIL : _____
 TEL NO : _____ FAX NO: _____

(For 2 Invited players and an Official / Team Manager per country only)

FLIGHT NO / ETA in KLIA: _____ **FLIGHT NO/ETD ex KLIA** _____

<p>The Saujana Kuala Lumpur 2 KM Off Sultan Abd. Aziz Shah Airport Highway Saujana, 47200, Subang Selangor Darul Ehsan Tel : 03-78431234 Fax : 03-78463008 Email : reservations@thesaujana.com Contact person : En. Daud Hassan</p> <p>Room rate: RM 255.20 nett (Single /Double Superior)</p>	
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I wish to share accommodation with _____

Check in at Hotel : _____ (Time & Date)

Check out from Hotel : _____ (Time & Date)

COST OF ACCOMMODATION

* I agree to settle all personal bills incurred by me at the hotel before my departure. I wish to pay by cash or Credit Card and my number is _____ Member since _____
 Expiry Date _____

SIGNATURE : _____ DATE : _____

** Please delete accordingly*