

MEMBERS' NIGHT ENTRY FORM

MAY MEMBERS' NIGHT – CHIPPING CLINIC

Thursday, 9 May 2013 (6pm – 9pm)

MARINA BAY GOLF COURSE (PRACTICE GREEN)

FEE : MGK (\$10)
GUEST (\$15)

I/We would like to participate in the May Members' Night!

SN	NAME	NRIC	CONTACT NO.	EMAIL	FEE
1					
2					
3					
4					

-----CREDIT CARD AUTHORIZATION-----

I authorize MY GOLF KAKI to charge the sum of S\$_____ to my credit card.

Visa/Master/Amex Number:

Credit Card Expiry Date : /

By signing the entry form, I have understood and agree to abide by all the terms and conditions of *my golf kaki*.

Signature

Date