MEMBERS' NIGHT ENTRY FORM





VENUE : MARINA BAY GOLF COURSE

VLNUL	. MAKINA BAT GOLI COOKSL							
Pls Tick	Date	Event & Venue	What to bring	Fees				
	8 April 2015 Wednesday 6.30pm – 8.30pm	Chipping Programme At Practice Green 3 *12 slots only	Sand Wedge 7 Iron	MGK \$15 Guest \$25				
	23 April 2015 Thursday 6.30pm – 8.30pm	Driving Range Practice & Analysis MBGC Driving Range *10 slots only 150 complimentary range balls will be provided for practice.	Driver	MGK \$15 Guest \$25				

^{*} Open to all handicap holders. Golfers are encouraged to bring additional clubs.

I/We would like to participate!

Date Received : _____

NAME	NRIC	CONTACT NO.	EMAIL	FEE		
	CREDIT CARD	AUTHORIZATION				
I authorize my golf kaki to charge the sum of S\$ to my credit card.						
Visa/Master Number :						
Credit Card Expiry Date:	/					
(Important: Only registration with comple withdrawals, cancellations or absenteeis		tion will be accepted.	Please note that there will be no refund for	or		
By signing the entry form, I have un	derstood and agree	e to abide by all the	terms and conditions of my golf kak	ki.		
Signature			Date			
to abide by all the terms and cond to, and confirms that he/she has of sharing of their personal data, indepurposes. 1.2. The Lead Golfer agrees and under personal data for this purpose, are individuals regarding the use of the	ditions as well as the pri- bbtained consent from the luding photograph or vice ertakes to notify my golf and to assist my golf kakit heir personal data by my by my golf kakit in various	vacy policy found on ww ne players named herein deo, to <i>my golf kaki</i> and the kaki if the players withdr with all access requests or golf kaki. Is publications and/or wel	named herein have fully understood and agree w.mygolfkaki.com. The Lead Golfer also conse, to my golf kaki's collection, usage, disclosure third parties for publicity and event participation aw their consent to the use and disclosure of tand complaints which may be received from the posites, and may be cropped, edited, or retouch	ents or n heir		

Staff : _____

Receipt No. : _____