

MEMBERS' NIGHT ENTRY FORM



VENUE : MARINA BAY GOLF COURSE

Date	Event & Venue	What to bring	Fees
17 June 2015 Wednesday 6.30pm – 8.30pm	<u>Driving Range Practice Clinic</u> Junior Golf Clinic @ MBGC Driving Range *12 slots only <i>Complimentary range balls will be provided for practice</i>	Driver	MGK \$15 Guest \$25

* Open to all PC and Handicap holders. (Age 10-20 years)

I/We would like to participate!

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 complete payment authorization will be accepted. Please note that there will be no refund for withdrawals, cancellations or absenteeism.)

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

_____ Signature

_____ Date

Release Consent

1.1. By filling out this event registration form, the Lead Golfer confirms that all players named herein have fully understood and agreed to abide by all the terms and conditions as well as the privacy policy found on www.mygolfkaki.com. The Lead Golfer also consents to, and confirms that he/she has obtained consent from the players named herein, to *my golf kaki*'s collection, usage, disclosure or sharing of their personal data, including photograph or video, to *my golf kaki* and third parties for publicity and event participation purposes.

1.2. The Lead Golfer agrees and undertakes to notify *my golf kaki* if the players withdraw their consent to the use and disclosure of their personal data for this purpose, and to assist *my golf kaki* with all access requests and complaints which may be received from those individuals regarding the use of their personal data by *my golf kaki*.

1.3. The personal data may be used by *my golf kaki* in various publications and/or websites, and may be cropped, edited, or retouched in any manner without further approval from you or the players.

Date Received : _____

Staff : _____

Receipt No. : _____