TAYLORMADE JUNIOR GOLF CLINIC ENTRY FORM



VENUE :	MARINA BA	AY GOLF COURSE	<u> </u>				
Date		Event & Venue	Event & Venue		What to bring	Fee	S
Z3 June 2016 @ MBG Thursday 5.30pm – 7.00pm Complimentary in		Junior Golf Clinic MBGC Driving Rai *12 slots only entary range balls will for practice	*12 slots only y range balls will be provided for practice		Irons	MGK @ \$5.00 Guest @ \$10.00	
* Open to all PC and Ha	andicap hol	ders.					
I/We would like to parti	cipate!						
NAME		NRIC	CONTACT NO.		EMAIL		FEE

authorize my golf kaki to charge the sum of S\$	TV-III-	111110	JOHN AGT NO.			
authorize my golf kaki to charge the sum of S\$						
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Fredit Card Expiry Date: Important: Only registration with complete payment authorization will be accepted. Please note that there will be no refund for rithdrawals, cancellations or absenteeism.) Signature of Cardholder 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' 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' in various publications and/or websites, and may be cropped, edited, or retouched		CREDIT CARD	AUTHORIZATION			
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Date Received : _____ Staff : ____ Receipt No. : _____