

# ENTRY FORM

TMCC/1stJGF SINGAPORE JUNIOR OPEN GOLF CHAMPIONSHIP (2007)

International Junior Friendship Cup (2007)

Tanah Merah Country Club, Garden Course

Singapore

19 November to 22 November 2007

Please affix recent passport  
size  
photograph here

Date \_\_\_\_/\_\_\_\_/2007

TO Organising Committee (TMCC/1stJGF Singapore Junior Open Golf Championship 2007)  
c/o Tanah Merah Country Club, Garden Course Tel: (65) 6542 3040  
25 Changi Coast Road Fax: **(65) 6543 0946**  
Singapore 499803 Email: samantha@tmcc.org.sg

**Closing date for Entries: 19 October 2007**

## PARTICIPANT'S PERSONAL PARTICULARS

Name : \_\_\_\_\_ Gender : Male / Female  
Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ years old as at 19 Nov 07  
Nationality : \_\_\_\_\_ H'cap Index : ( )  
Home Address : \_\_\_\_\_  
Home Tel : \_\_\_\_\_  
Fax. No : \_\_\_\_\_  
Email Address : \_\_\_\_\_ Mobile No : \_\_\_\_\_  
CONTACT PERSON - PARENT / GUARDIAN / CLUB OFFICIAL  
Name : \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email Address : \_\_\_\_\_ Telephone No: \_\_\_\_\_

### PAYMENT OF ENTRY FEE

I would like to pay my entry fee by Cash

I would like to pay my entry fee by Cheque

### HAND DRAWN TROLLEY (For Class A & B)

I would like to rent a trolley from TMCC's Pro-Shop  
at \$S5.00 per round payable by cash

I will bring my own trolley

### ACCOMMODATION (FOR FOREIGN PLAYERS)

I would like to make reservation at Paramount Hotel and have submitted the following forms:

- i) "Accommodation Request Request Form" - Room Sharing and Flight Information
- ii) "Credit Card Payment Authorisation" to Paramount Hotel, Sales & Marketing Department

My reservation is made by \_\_\_\_\_ (name). His/Her contact is \_\_\_\_\_

I WILL NOT be staying at the Paramount Hotel

### CERTIFICATION OF ENTRY BY CLUB / ASSOCIATION

I / We certify that the data provided by above participant is correct to the best of my/our knowledge

\_\_\_\_\_  
Name of Home Club / Association

\_\_\_\_\_  
Name of Certifying Officer / Manager /

\_\_\_\_\_  
Signature of Certifying Officer / Manager /

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number / Email Address

**TMCC/1stJGF Singapore Junior Open Golf Championship 2007**  
**ENTRY LIST (FOR GROUP ENTRIES led by Delegation Officials)**

TO: Organising Committee (TMCC/1stJGF Singapore Junior Open Golf Championship 2007)  
 c/o Tanah Merah Country Club, Garden Course Tel: (65) 6542 3040  
 25 Changi Coast Road Fax: (65) 6543 0946  
 Singapore 499803 Email samantha@tmcc.org.sg for copy of this form

FROM: \_\_\_\_\_ Tel: \_\_\_\_\_  
**NAME OF GOLF CLUB / GOLF ASSOCIATION / GOLF FOUNDATION / SOCIETY** Fax: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF CERTIFYING OFFICER / MANAGER: \_\_\_\_\_ Email: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CHAPERONES / DELEGATION OFFICIALS (Responsible for group payment, checking tee times, reporting probleme etc)

Name: \_\_\_\_\_ HP: \_\_\_\_\_

Name: \_\_\_\_\_ HP: \_\_\_\_\_

PARTICIPANTS' PARTICULARS				H'cap Index	TROLLEY RENTAL AT S\$5.00 P/RND	OFFICIAL HOTEL: HOTEL PARAMOUNT For Option YES - Please submit "Accommodation Request Form" (to TMCC) & "Credit Card Payment Authorisation Form (to Paramount)
Name	Date of Birth	Age	Gender			
1)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
2)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
3)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
4)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
5)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
6)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
7)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
8)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
9)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
10)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
11)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount
12)	DAY MTH YEAR				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES - I have submitted above forms <input type="checkbox"/> NOT Staying at Paramount

**ACCOMMODATION REQUEST**

TO: **ORGANISING COMMITTEE**  
 Fax: **(65) 6543 0946**  
 Email: **samantha@tmcc.org.sg**

Tel: (65) 6542 3040  
 TMCC, Garden Course

**Paramount Hotel** is situated at the East Coast of Singapore, about 10 minutes away from TMCC and 15 minutes to Airport. Nearby places of interest includes Parkway Parade Shopping Centre, East Coast Beach, variety of restaurants and local eateries.

**OFFICIAL HOTEL**



FROM: \_\_\_\_\_ Tel: \_\_\_\_\_  
 (Name)

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I / We would like to make reservation for  **Single/Twin Share: \$135 nett**  **Triple-share: S\$175 nett**  
 X \_\_\_\_\_ **Rooms** X \_\_\_\_\_ **Rooms**  
 (2 occupants per room) (3 occupants per room)

**Rooming Information**

**Flight Information**



**ROOM ( 1 ) X \_\_\_\_\_ Nights**

<u>NAMES</u>	ARRIVAL DATE	DEPARTURE DATE
1) _____	_____	_____
2) _____	FLIGHT NUMBER	FLIGHT NUMBER
3) _____	_____	_____

**ROOM ( 2 ) X \_\_\_\_\_ Nights**

<u>NAMES</u>	ARRIVAL	DEPARTURE
1) _____	DATE: _____	DATE: _____
2) _____	FLIGHT NUMBER	FLIGHT NUMBER
3) _____	_____	_____

**ROOM ( 3 ) X \_\_\_\_\_ Nights**

<u>NAMES</u>	ARRIVAL	DEPARTURE
1) _____	DATE: _____	DATE: _____
2) _____	FLIGHT NUMBER	FLIGHT NUMBER
3) _____	_____	_____

**ROOM ( 4 ) X \_\_\_\_\_ Nights**

<u>NAMES</u>	ARRIVAL	DEPARTURE
1) _____	DATE: _____	DATE: _____
2) _____	FLIGHT NUMBER	FLIGHT NUMBER
3) _____	_____	_____

**IMPORTANT NOTE**

"Accommodation Request" (to TMCC) must be accompanied by "Credit Card Payment Authorisation Form" (to Paramount Hotel)  
 Due to the year end holiday/peak season, please confirm your booking by 1 Oct 07

**TMCC/1stJGF Junior Open Golf Championship (2007)**  
**International Junior Friendship Cup (2007)**

**Venue: Tanah Merah Country Club (Garden Course)**  
**Singapore**

**Date: 19 Nov - 22 Nov**

**ENTRY FORM (TEAM EVENT)**  
**International Junior Friendship Cup (2007)**

- \* Each country is allowed to field only one team of their 3 or 4 best players
- \* Participants must not exceed 18 years as at 19 November 2007

\* Entries to be submitted to: Tanah Merah Country Club  
Attention: Tournament Committee  
25 Changi Coast Road, Singapore 499803

**Details of Team Members**

<b>COUNTRY :</b> .....			
(PLAYER 1) Name :	.....	Hcap Index	(    )
Date of Birth :	.....	Age:	.....
(PLAYER 2) Name :	.....	Hcap Index	(    )
Date of Birth :	.....	Age:	.....
(PLAYER 3) Name :	.....	Hcap Index	(    )
Date of Birth :	.....	Age:	.....
(PLAYER 4) Name :	.....	Hcap Index	(    )
Date of Birth :	.....	Age:	.....

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**Certification of Entry for International Junior Friendship Cup (Team Event)**

I / We certify that the data provided in respect of the above entry is correct to the best of our knowledge

.....  
Name of Certifying Officer

.....  
Address

Tel No: .....HP: .....Fax: ..... Email: .....

Signature ..... Date .....