

**29th**  
**OPEN**



**KGM**  
**2017**



**22<sup>nd</sup> to 24<sup>th</sup> September, 2017**  
**KELAB GOLF MIRI**

**OFFICIAL ENTRY FORM**

**Closing Date : 8<sup>th</sup> September 2017, Friday 12:00 noon**

To: The Organising Chairman  
29<sup>th</sup> KGM Amateur Open Golf Championship 2017  
Kelab Golf Miri  
P O Box 101, 98107, Lutong, Miri, Sarawak

Tel.: (+6085) 438190, 416787  
Fax : (+6085) 417848  
Email: [kgm\\_7848@mirigolfclub-sarawak.com](mailto:kgm_7848@mirigolfclub-sarawak.com)  
Website: <http://www.mirigolfclub-sarawak.com>



Name :	
Telephone/Mobile No.:	Email:
Home Club:	N.H.S. No.
<b>Men's Open Championship:</b> USGA Handicap Index: (12.9 & below)	<b>Ladies' Open Championship:</b> USGA Handicap Index: (21.9 & below)

(Please produce your Handicap Card and Golf Insurance during registration).

Payment Option:

1. Please debit my KGM account .....
2. I enclose herewith CASH/CHEQUE NO.: ..... Bank.....  
Branch.....for RM.....made payable to "KELAB GOLF MIRI"  
being the Entry Fee for this Tournament.

**Entry Fee: RM250.00**

I understand that a fee of **RM150.00** instead of the full entrance fee of RM250.00 will be chargeable to me through my Home Club if cancellation is made after the closing date, i.e. 8<sup>th</sup> September 2017 (Friday) 12:00noon.

**TERMS & CONDITIONS:**

I agree to abide by the Conditions of Competition of this Event. I shall indemnify and not hold liable, SGA, the Sponsors, the Organizers or the Host Club for any loss or damages to my equipment or personal belongings or harm or any form of injuries that I may suffer as a result of participation in this Championship.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CLUB CERTIFICATION**

I certify that \_\_\_\_\_ is a member of this Club and his/her present August 2017 USGA Handicap Index is \_\_\_\_\_



.....  
Club Stamp

.....  
Captain / Secretary

