

THE ELS CLUB DESARU COAST 2nd JUNIOR GOLF CHALLENGE 2019

Ocean Course | 21st – 22nd June 2019 (Division A & B)

Academy Course | 22nd June 2019 (Division C)

Full Name : _____

D.O.B : / / Gender: M F

State : _____

Home Club : _____ Handicap : _____

Email : _____

Mobile : _____

Category : Division A (Age 18 – 16) RM 275.00 (Ocean Course)
 Division B (Age 15 – 12) RM 275.00 (Ocean Course)
 Division C (Age 11 & below) RM 125.00 (Academy Course)

PAYMENT REQUIREMENTS

Entry will be confirmed once proof of payment is received. Please find below our payments methods:

1. Bank account transfer to the following account:-

Beneficiary Bank Details : Malayan Banking Berhad
 Bank Account Number : 5512 7607 0905
 Beneficiary's Name : Desaru South Course Sdn. Bhd.
 Swift Code : MBBEMYKL

2. Credit Card payments:-

Mode of payment : Amex Visa MasterCard

I hereby authorized Desaru South Course Sdn. Bhd. to deduct RM _____ from the above card

Card Holder Name : _____ Expiry Date : _____

Card Number : _____ CWV / CVC : _____

Signature : _____ Date : _____

The Els Club Desaru Coast – Ocean Course

No. 4, Jalan Danau, Desaru Coast, 81930 Desaru, Johor

E reservations.ecdc@elsclubmalaysia.com T +607 878 0000

Terms & Conditions

A. Tournament Format

Individual Stroke Play 36 holes on Ocean Course for Division A & B and 9 holes on Academy Course for Division C. Players to submit their gross score for each hole.

B. General Indemnity

I, for and on behalf of myself and my children, agree to release and indemnify the organizer **Desaru South Course Sdn. Bhd.** with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable litigation costs) made or brought by anyone, including a co-participant and their respective agents or any third parties, arising out of any injury, damage, death, of other loss in any way connected with me/my child's participation in The Els Club Desaru Coast Junior Challenge.

C. First Aid Policy

I authorise **The Els Club Desaru Coast** personnel to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorise **The Els Club Desaru Coast** staff or other medical personnel to render such treatment they deem necessary for my/my child's health. I agree that **The Els Club Desaru Coast** has no responsibility for medical care provided to me/my child and I agree to pay all costs associated with such care, whether or not authorised by me.

D. Publicity

I authorise **The Els Club Desaru Coast** and associates, to use my or my child's photo for reproduction in any manner the club desires, for advertising, display, audio-visual, exhibition or editorial use.

E. Golfer's Insurance

Scope of Cover: Personal liability in respect of accidental bodily injury and/or accidental property damage to third party, including litigation cost and expenses.

F. Cancellation Policy

Please note we operate a 7-Days cancellation policy. Cancellations within this period and No Show is subject to full charge.

G. Parent/Guardian Consent

I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon myself, my family, heirs, executors, representatives and estate.

Signature : _____

Date : _____