



OSHWAL YOUTH LEAGUE

P.O. Box 42394, 00100 GPO Nairobi, Kenya

Email: oyl.nairobi@gmail.com

GOLF TOURNAMENT 2015: REGISTRATION FORM

FULL NAME: _____ HANDICAP: _____

ADDRESS: _____ POSTCODE: _____ CITY: _____

MOBILE: _____

EMAIL ID: _____

Please list preferred Foursome:

1. _____
2. _____
3. _____
4. _____

Indicating a preferred foursome DOES NOT guarantee registration for the entire team. A registration form must be received from each player in order to be placed on a foursome.

INDEMNITY

In consideration of the acceptance of my entry, I the undersigned, hereby agree to abide by the Rules and Regulations of the GOLF TOURNAMENT 2015 and to indemnify the Event Organizer (Oshwal Youth League) and the Sponsors of this tournament and all other person/persons howsoever is/are connected to or involved with the organization of the Golf Tournament and their respective servants or agents from all actions, claims, costs and damages in respect of death or injury to me or damage to my property, howsoever caused arising out of our taking part in the tournament, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the aforesaid bodies, their servants or agents.

I also allow the Oshwal Youth League to publish my name/picture on the website, bulletin board, newsletters, or other publications.

I further declare that all the information given in this Entry Form is true and complete.

Cancellation Policy:

1. If golf tournament is canceled due to weather or other events, player will receive a full refund
2. If player cancels 7 Days advance no refund is given
3. If player is a "no-show", entry fee is non-refundable

Signature: _____

Date: _____

Official Use:

Paid: _____ Date: _____

Collected By: _____