

18th



15 May 2017
Sta. Elena Golf Club
Shotgun Starts @ 8AM
System 36 Format

I will join the ECCP Golf Challenge 2017 as **INDIVIDUAL PLAYER**
I am a member of Sta. Elena Golf Club YES NO

We will join the ECCP Golf Challenge 2017 as a **FLIGHT**
We are member of Sta. Elena Golf Club YES NO

REPLAY FORM

Please fax back to 759-6690 Attention to: Ms. Jenny Esmao or email jenny.esmao@eccp.com

Name : _____
Company Name : _____
Billing Address : _____
Telephone : _____
Fax : _____
Email : _____
Signature : _____

STA. ELENA MEMBER Php 3,000	REGULAR RATE Php 4,500	NON-PLAYING GUEST Php 1,200	MULLIGAN Php 200 per 9 holes
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Please enlist the following for my flight (check box correspondingly)

Sta. Elena Members	Playing Guest	Last Name Name	First Name	Middle	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE
<input type="checkbox"/>	<input type="checkbox"/>	1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please enlist my **NON-PLAYING GUEST/S** (Meal Only to join during the lunch activity):

1. _____
2. _____

PARTICIPATION FEE PER PLAYER INCLUSION: green fee, golf cart for 2 players, buffet lunch w/two rounds of soft drinks or local beer, caddy fee, raffle, giveaways and golf shirt.

PRE-ORDER MULLIGANS: (ONE mulligan per 9 holes and TWO maximum mulligans per player) YES ___ NO ___ Number of mulligan will avail: _____

TERMS:

1. This serves as your confirmation to the event. Pre-payment is **REQUIRED**.
2. A billing Invoice will be sent to your office upon receipt of **REGISTRATION FORM**
3. For cheque payments, please make it payable to ECCP.
4. **ONLY WRITTEN CANCELLATIONS MADE A WEEK BEFORE** the tournament date will be honored. Letter should be addressed to Ms. Jenny Esmao, Sr. Event Coordinator
5. **NO SHOW and NO WRITTEN CANCELLATIONS** registered players will be **BILLED IN FULL PARTICIPATION**