



## **SINGAPORE GOLF ASSOCIATION**

### **APPLICATION TO PARTICIPATE IN SGA NATIONAL RANKING GAMES**

I, \_\_\_\_\_, hereby, apply for my child to participate in the SGA National Ranking Games.

The details of my child are as follows:

- a. Name: \_\_\_\_\_
- b. Date of birth: \_\_\_\_\_
- c. NRIC/Passport\* No: \_\_\_\_\_
- d. Citizenship: \_\_\_\_\_
- e. Name of School: \_\_\_\_\_
- f. Handicap Index: \_\_\_\_\_
- g. Home Club: \_\_\_\_\_ Membership No: \_\_\_\_\_
- h. Track Record/Golf Achievements (Include tournament results, if available. Attach separate sheet, if necessary):

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I certify that the information given above is true and correct.

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

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

Home Club: \_\_\_\_\_ Membership No: \_\_\_\_\_

**TO BE COMPLETED BY CLUB CAPTAIN OF THE APPLICANT'S HOME CLUB:**

Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**Note:**

1. Handicap Index records must not have any penalty scores.
2. Completed application form is to be submitted through the Club Golfing Office to SGA Secretariat by fax 67551373 or email [daryl@sqa.org.sg](mailto:daryl@sqa.org.sg).
3. Application will be processed by the SGA Training & Selection SubCommittee at its quarterly meeting.