



CAMEROON INTERNATIONAL GOLF OPEN

10th
edition

MAY 05TH TO 11TH, 2019

YAOUNDÉ GOLF CLUB

REGISTRATION FORM

Dear participant it is important to inform each party of the topics below. The information provided will be used in the future for all communications with our services. Thank you for your understanding

GENERAL INFORMATION

Title : M. Mm. Gender : M F

Last name: First name:

HCP:

Nationality:

Date of Birth: Place :

Passport N° Date and Place of issue

Expiry date: Delivery Date:

Last competition in which you participated:

Date of the last competition Place Rank

ADDRESS

Zip Code:

City: Country:

Telephone: Fax:

Email: Mobile:

PERSON TO CONTACT (In case of Emergency)

Last name: First name:

Telephone: Fax:

Email: Mobile:

Date and endorsement