

The Secretary

To:

Participation Reply Form Please Reply by 2nd August 2019

Tel: (65) 67371248

延陵吴氏总会第二届高尔夫球联谊赛 VENUE: ORCHID COUNTRY CLUB

DATE: TUESDAY 19TH SEPTEMBER 2023, 1PM

10 Mohamed Sultan Road Singapore 238960			Fax: (65) 67360135 Email: admin@yenlenggohclan.org.sg	
From: Na	ame of Company:			
Name of Indivudual:		NRIC/UEN No:		
Fax: Tel:		Hp:		
Email:		Contact Person:		
	ike to donate cash	☐ S\$10,000 ☐ S\$5,00	00 □ S\$2,000	
l would l	ike to donate Prize: Item:	Valu	e: S\$	
S/n	Golfer's Name	H/Cap	Attending Dinner (Please Circle)	
01			Yes / No	
02			Yes / No	
03			Yes / No	
04			Yes / No	
J	nature: I like to participate in golf (p	er flight) \$1600	Date:	
Payment I enclose	t herewith: Bank Name / Cheque N	No:		
Amount:	oount: Contact Tel:		Contact Person:	

^{**} All entries should be accompanied by payment / donation (if any). Cheque should be crossed and made payable to: "YEN LENG GOH CLAN GENERAL ASSOCIATION SINGAPORE" and mail to association Office, 10 Mohamad Sultan Road Singapore 238960"