



CAMEROON INTERNATIONAL GOLF OPEN

MAY 5TH TO 11TH, 2013

GOLF CLUB - YAOUNDÉ

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. Mme Gender : M F

Last name First name

HCP

Position

Date of Birth

Passport # Date and Place of issue

Expiry date Delivery Date

ADDRESS

Zip Code

City Country

Telephone Fax

Email Mobile

PERSON TO CONTACT (In case of Emergency)

Last name First name

Telephone Fax

Email Mobile