



ENTRY FORM

Name : _____

Boys

Girls

Date of Birth
Date Month Year

Age Group : _____ HCP Index : _____ Course HCP : _____

Address : _____

City : _____ Country : _____

Phone : _____ Mobile phone : _____

Email : _____

Golf Association : _____

**CLOSING DATE
NOVEMBER 20th, 2013**

Signature of Parent/ Guardian

Signature of Club/ Association

Signature of Player

REGISTRATION

Committee PIIJGC 2013

Pondok Indah Golf Course

Jl. Metro Pondok Indah
Jakarta 12310
Indonesia

Contact Person :

Mrs. Yessy +62 8176592815
+62 21 7590 7828

Mrs. Hanna +62 81318503737
+62 21 769 8968

Fax +62 21 769 8966

Email: info@indonesiajuniorgolfchampionship.com
nuri@golfpondokindah.com
piga@pigagolf.com



HOTEL RESERVATION FORM

KRISTAL HOTEL

Jalan Tarogong Raya
Cilandak Barat,
Jakarta Selatan

Phone : +6221 7507050
Fax : +6221 7507110

Website : www.hotelkristal.com
Email : info@hotelkristal.com
Contact : Dini Eka Wahyuni

ROOM TYPE (Exclude Breakfast)

- One Bedroom Suite IDR 900.000,-++/ night
 Two Bedroom Suite IDR 1.250.000,-++/ night
 Three Bedroom Suite IDR 1.350.000,-++/ night
 Additional Extra Bed IDR 300.000,-++/ night

No. of Night _____

Check In Date

□	□	□	□	□	□
Date	Month	Year			

Check Out Date

□	□	□	□	□	□
Date	Month	Year			

Name _____

Address _____

Country _____

Phone _____ Fax _____

Email _____

Arrival and Departure

Date of Arrival

□	□	□	□	□	□
Date	Month	Year			

Flight No. _____ Time _____

Date of Departure

□	□	□	□	□	□
Date	Month	Year			

Flight No. _____ Time _____