



The 16th Annual Golf Tournament with Hong Kong Medical Golfers Association

Clearwater Bay Golf & Country Club Wednesday, 10 December 2014

As you are a good golfer and have previously participated in the RSCP joint professional and/or the internal CPA golf tournament, we wish to invite you to represent the Institute this year in the annual golf tournament against the Hong Kong Medical Golfers Association. Members will be selected based on their standard of play to form our representative team. Details of the event are as follows:

- Date : 10 December 2014 (Wednesday)
- Venue : Clearwater Bay Golf & Country Club
- Tee-off time : Between 12:00 noon to 1:00 pm
- Registration Fee : **\$1,200** for non-CWBGCC members / **\$200** for CWBGCC members
(Fee includes green fee, lunch, dinner and golf cart rental, except for CWBGCC members, their cart rental will be charged to their respective accounts.)
- Maximum handicap: 24
- Maximum players : 20 players
- Format : Four ball better ball match play
- Prizes : - Perpetual Trophy
- Nearest to the Pin
- Longest Drive
- Meal arrangement: Lunch will be provided before tournament begins and dinner will be held immediately after the tournament at around 6:00 pm.
- Prize presentation: Prize presentation will be held during dinner.
- Deadline of Entry : **27 November 2014**
- Enquiries : Ms. Peggy Kwan (Tel: 2287 7058)/ Ms. Karen Wong (Tel: 2287 7262)



**Finance & Operation Department,
 Hong Kong Institute of CPAs**
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 213 Queen's Road East, Hong Kong.

Fax no: 2893 9853

The 16th Annual Golf Tournament with HKMGA

10 December 2014 (Wednesday)

Enrolment Form

(Please reply on or before 27 November 2014)

FOR OFFICE USE

Seq. no.: -----

Handled by: -----

Please allow 4 working days to process your application. You can check your enrolment status at "My CPA" at <http://www.hkicpa.org.hk>.

I would like to represent the Institute at the 16th Inter-professional Golf Tournament with HKMGA.

Name: (Mr./Mrs./Ms.): _____

Membership no.: _____ CWBGCC membership no.: (if applicable) _____

Mobile: _____ Email: _____

My official handicap is _____ issued by _____

We provide team uniform to team members. Please indicate if you have the windbreaker: Yes No

(Please "✓" as appropriate)

Registration fee:	<input type="checkbox"/> \$1,200 (non-CWBGCC member)	<input type="checkbox"/> \$200 (CWBGCC member)
Payment by:	<input type="checkbox"/> Cheque no.: _____ (Bank: _____)* / <input type="checkbox"/> Visa / MasterCard	
<input type="checkbox"/> Cheque (no. _____) payable to "Hong Kong Institute of Certified Public Accountants" or "HKICPA"		
<input type="checkbox"/> VISA / MasterCard <input type="checkbox"/> BOC HKICPA UnionPay card		
Card Number:	_____	Card Expiry Date (MM/YY): _____
Cardholder's Name (block letters):	Cardholder's Signature:	Date:
_____	_____	_____
If you require a receipt, please put a "✓" indicate your choice of delivery: <input type="checkbox"/> by email <input type="checkbox"/> by post (to the address as shown below)		

Declaration

I declare that I do not suffer from any illness/disability that renders me unfit to participate in the above activity. I will immediately notify the convenor of the interest group/HKICPA if, for any reason, my health subsequently renders me or may render me unfit to participate in the above activity. I fully accept that the convenor of the interest group/HKICPA will then consider whether I should, in the interest of safety or the safety of the other participants, continue to be allowed to further participate in future sessions and that his/her/the decision of the HKICPA will be final.

Where trainers are in place, I agree to follow the trainer's instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions. I understand that I will be asked to leave a session immediately if deemed to be deliberately ignoring the instructions from the trainer.

Assumption of Risks and Disclaimer of Liability

As a participant in the above activity you accept that you may be exposing yourself to risk of harm due to the hazards inherent in the activity.

Signature: _____ Date: _____

(Please read notes on enrolment and privacy policy on the next page)

Name :	Name :
Address:	Address :



Notes:

1. Full payment must be made before your enrolment will be processed. No telephone reservation will be accepted.
2. The closing date for enrolment is **27 November 2014**. However, the Institute has the discretion to accept late applications as it sees fit.
3. Application by fax will ONLY be accepted when payment is made by credit card or cheque. Cash is strictly NOT accepted.
4. Successful enrollees will receive confirmation by email or by telephone, whereas unsuccessful applicants will receive full refund by mail. If you do not hear from us two working days after the closing date, please contact Ms. Peggy Kwan at 2287 7058 / Ms. Karen Wong at 2287 7262.
5. Unless the activity is cancelled due to unforeseen circumstances, bad weather or low enrolment, no refund for withdrawal will be entertained after your enrolment has been processed.
6. Bad weather arrangement: The activity will be cancelled if typhoon signal no. 3 or above / Black rainstorm warning is hoisted 2 hours prior to the commencement of the activity. Your enrolment fee will be refunded in full in the event of cancellation due to bad weather, or subject to separate arrangement with the venue provider.
7. The Institute reserves the right to change the venue and date of the activity due to unforeseen circumstances.

Personal Data: Your personal data collected from the enrolment process and administration of courses/events/activities will be used for the purpose of the administration of the course/event/activity on which you are enrolled ("Event"). Such data collected may be accessible by the Institute's officers, persons or committees processing the application and related matters. In addition, the Institute may use the collected data for statistical research and analysis. By submitting this Enrolment Form, you understand and agree that the Institute may provide your personal data above to co-organisers/service providers in or outside Hong Kong for the purpose relating to the Event. The Institute intends to use the personal data of your name, email address and correspondence address to inform you, where relevant, of members' benefits, goods, services, facilities and events organized or provided by the Institute or other organizations. Members and registered students may opt out of receiving such materials at any time by logging in via the following link <https://www.hkicpa.org.hk/en/members-area/comm-preference/>. Non-members may opt out of receiving such materials at any time by sending an email to the Institute at privacyofficer@hkicpa.org.hk or a letter to the Institute's privacy officer. For more information about the privacy policy of the Institute, please go to <http://www.hkicpa.org.hk/en/service-tools/privacy-policy/>.

Payment & Enrolment Status Enquiry: 2287 7379
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Event Information Enquiry: 2287 7058
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