

ENTRY FORM

Please verify your personal information below:

Golfer's Personal Information

Last Name _____

First Name _____

Address _____

Zip Code _____ Country _____

Phone (HOME) _____

(Mobile) _____

Fax _____

E-mail _____

SIGHT CLASSIFICATION

Please Tick B1 () B2 () B3 ()

Current Handicap _____

Guide's Name(Full name please)_____

Are there any special needs, if so , Please specify.

TRAVEL INFORMATION

For the transportation service, please advise.

Arrival Date _____
Arrival Flight # _____ Arrival time _____

Departure Date _____
Departure Flight # _____ Departure time _____

Any other relevant information:

ACCOMODATION

Sharing with _____

ROOM: Double () Twin ()
 Smoking () Non-smoking ()

Narita View Hotel

Tuesday August 25th Yes () No ()
Saturday August 29th Yes () No ()

Hotel Address

Narita View Hotel
700 Kosuge, Narita-shi, Chiba 286-0127, Japan
TEL 81-476-32-1111 FAX 81-476-32-1078
Web site <http://www.viewhotels.co.jp>

Course & Hotel Address

To be advised

THE COMPLETED FORM SHOULD BE RETURNED TO ;

International Blind Golf Association
Vice Chair Administration
Neil Baxter
11 Higham View
NORTH WEALD
ESSEX CM16 6DD
U.K.

Email Baxter_r2@sky.com

