

Fax : 03-6430-2042 太平洋クラブ／会員営業部

*** カートを運転される方は、免許証のコピーも一緒にFAXをお願いします。**

The Clearwater Bay Golf & Country Club
(予約申込書)

Please fill in the blank form.

(下記フォームにご記入下さい)

(ご記入は全てローマ字でお願いします)

| | | | |
|--|-----------------|-------------|---|
| Name of Reciprocal Member (メンバー氏名) | | | |
| M'ship Number (会員番号) | (Taiheiyo Club) | | |
| TEL/FAX | | | |
| E-mail | | | |
| Preferred Day (プレー希望日) | 記入例) 日/月/年 | | |
| Preferred Tee-Time (希望スタート時間) ご希望の時間に○印をお願いします | Weekday/(平日) | | Saturday, Sunday and Public Holidays (土日祝) |
| | 8:00~9:00 | 12:00~13:00 | 11:00~12:00 |
| | 9:00~10:00 | 13:00~14:00 | 12:00~13:00 |
| | 10:00~11:00 | 14:00~15:00 | |
| | 11:00~12:00 | | |

Details of All Players

(お組合せ)

(ご記入は全てローマ字でお願いします)

Flight 1

Flight 2

| Name of Player (お名前を記入下さい) | | M'ship Number | Hdcp | Name of Player (お名前を記入下さい) | | M'ship Number | Hdcp |
|----------------------------|--------------|---------------|------|----------------------------|--------------|---------------|------|
| 1 | Member/Guest | | | 1 | Member/Guest | | |
| 2 | Member/Guest | | | 2 | Member/Guest | | |
| 3 | Member/Guest | | | 3 | Member/Guest | | |
| 4 | Member/Guest | | | 4 | Member/Guest | | |

Flight 3

| Name of Player (お名前を記入下さい) | | M'ship Number | Hdcp |
|----------------------------|--------------|---------------|------|
| 1 | Member/Guest | | |
| 2 | Member/Guest | | |
| 3 | Member/Guest | | |
| 4 | Member/Guest | | |