



27 September 2024 (Friday)  
1pm Tee-Off | 7pm Dinner  
Seletar Country Club

Guest of Honour:  
Minister Edwin Tong

## REGISTRATION FORM

Please enter your details into the PDF fillable fields and email to [fr@sadeaf.org.sg](mailto:fr@sadeaf.org.sg)

### SPONSOR'S PARTICULARS

Name/Company

NRIC/UEN No.

Address

Email

Mobile/Office No.

### GOLFERS' PARTICULARS (SHOTGUN START)

NAME OF GOLFER	MOBILE NO.	EMAIL	HANDICAP <sup>1</sup>	SCC MEMBERSHIP <sup>2</sup>	DINNER
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>
10.					<input type="checkbox"/>
11.					<input type="checkbox"/>
12.					<input type="checkbox"/>

1. Participants are required to have a valid USGA or equivalent with handicap Index: 24.4 & below (for Men) & 36.6 and below (for Women).  
Non-SCC members are required to submit a copy of their handicap certificate.

2. Please indicate membership no. if you are a member of Seletar Country Club, otherwise you may indicate "NA".

All participation fees and donations are  
entitled to 2.5 times tax deduction

## FLIGHT SPONSORSHIP PACKAGE

Please indicate where applicable

Sponsorship Categories	Title Sponsor \$50,000	Presenting Sponsor \$30,000	SADeaf Champion \$20,000	SADeaf Benefactor \$10,000	SADeaf Advocate \$6,800	SADeaf Angel \$2,800
Complimentary Flights	<b>4</b> (Inclusive of 1 VIP Flight)	<b>3</b> (Inclusive of 1 Celebrity Flight)	<b>2</b> (Inclusive of 1 Celebrity Flight)	<b>2</b>	<b>1</b>	<b>1</b>
Dinner Pax	<b>20</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>4</b>	<b>4</b>
Acknowledgement In All Website, Backdrop And Event Collaterals	<input checked="" type="checkbox"/> (Title Sponsor)	<input checked="" type="checkbox"/> (Presenting Sponsor)	<input checked="" type="checkbox"/> (SADeaf Champion)	<input checked="" type="checkbox"/> (SADeaf Benefactor)	<input checked="" type="checkbox"/> (SADeaf Advocate)	<input checked="" type="checkbox"/> (SADeaf Angel)
Certificate of Appreciation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Credited in Program Booklet	<input checked="" type="checkbox"/> Coverpage, Front of Book Page	<input checked="" type="checkbox"/> Backpage, Back of Book Page	<input checked="" type="checkbox"/> 1 Full Page	<input checked="" type="checkbox"/> Half Page	<input checked="" type="checkbox"/> Quarter Page	<input checked="" type="checkbox"/> Logo
Token of Appreciation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Product Flyer/ Sampling in Goodie bag	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sign Board on Green	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	
Sponsor Video in Dinner Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Awarded "SADeaf Ambassador" Title	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Display Of Company Banner At Dinner Venue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Free Sign Language Training Session	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>		
Naming / Presenting Right Of The Event	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Kindly state your choice(s) of Flight Sponsorship Package(s):  ( e.g 1 x SADeaf Benefactor and 2 x SADeaf Angel )			All participation fees and donations are entitled to 2.5 times tax deduction			

## DONATIONS IN-KIND

We would like to support this event by donating the following:

<input type="checkbox"/> <b>Goodie bag items</b> in the form of	Total Value
<input type="checkbox"/> <b>Tournament prizes</b> in the form of	Total Value

Please contact us to make the necessary arrangements for collection.

Name	Tel No.
Company Name	Email

Donors in-kind will be acknowledged in the souvenir e-booklet and event backdrop.

## MAKE A DONATION

☐ **Outright Donation**

Yes! I / We would like to make an outright donation of \$ \_\_\_\_\_ to this project.

Please indicate "Golf" and contact details on the back of cheque and in the PayNow remark column.

**Tax Exemption :** Yes ☐ No ☐

## PAYMENT DETAILS

**All participation fees and donations are entitled to 2.5 times tax deduction**

1) Payment via Cheque:

Enclosed is my cheque of \_\_\_\_\_ (Amount / Bank / Cheque No.) crossed and made payable to "The Singapore Association For The Deaf". (Mail to: 227 Mountbatten Rd, Singapore 397998. Tel: 63448274, 96582419)

2) Payment via PayNow:

**Please scan the QR code to donate to the event.**

**Under the remarks column in Paynow, please indicate "Golf" and your UEN / NRIC number**

For example: "Golf 202125109C" (UEN for Corporate donations)

Or "Golf S1234567A" (NRIC for Individual donations)



SCAN TO DONATE

**Your kind donation will become doubled as this fundraising project is qualified for dollar - matching by Toteboard.**

### Notes:

- The purposes for which SAd deaf collects, uses and discloses your personal data includes, but is not limited to: verifying your identity; sending you SAd deaf materials such as announcements, newsletters, materials in relation to fundraising events and electronic direct mailers; providing services to the clients; processing donations to claim tax deductions from the Inland Revenue Authority of Singapore (IRAS); and any other purpose permitted by the applicable laws of Singapore. Withdrawal of Consent: If you do not want your personal data to be collected, used, and/or disclosed by SAd deaf for the specified purposes, you may withdraw your consent via email (info@sadeaf.org.sg) to the Data Protection Officer ("DPO") who shall direct you to fill in the relevant form(s) accordingly. SAd deaf will endeavour to give effect to your withdrawal request within ten (10) working days from the date SAd deaf receives the withdrawal notice.
- In support of green efforts to save the environment, SAd deaf will not be issuing receipts for donations below \$50, unless upon request.
- All donations are non-refundable.
- Please allow 4-6 weeks for processing
- Regardless of your donation amount, SAd deaf will submit your tax deduction to IRAS as long as you provide your NRIC/FIN/UEN.
- Donation via credits card (including renewal card) will remain in force until SAd deaf receives your termination request.
- By filling this donation form, you have consented for SAd deaf to use your personal information for donation-related and communication purposes.
- For enquiries or if you wish to opt out of SAd deaf mailing list, please email fr@sadeaf.org.sg.

## CONTACT PERSON'S PARTICULAR

**Name** (Dr / Mr / Mrs / Mdm / Ms) \_\_\_\_\_ **NRIC / UEN No^** \_\_\_\_\_

**Organisation** (if applicable) \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Contact No** (during office hours) \_\_\_\_\_ (Office/Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Signature / Organisation Stamp** \_\_\_\_\_ **Date** \_\_\_\_\_

## ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have read and understood the above Data Protection Notice, and consent to the collection, use and disclosure of my personal data by SAd deaf for the purposes set out in the Notice.

☐ I do not wish to receive any marketing information.

☐ I would like to receive information about the goods and services which may be provided by SAd deaf, including (but not limited to) offers, promotions and information about new goods and services, via the following channels: Email, Text Message or Telephone call

**Name:** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

Thank you for your kind and generous support towards our cause!

For more information, please email fr@sadeaf.org.sg or contact Aaron (9658 2419) or Barry (9120 0933)