



2017

26 - 29 Jan | Doha Golf Club

COMMERCIAL BANK QATAR MASTERS



20 YEAR ANNIVERSARY



Volunteer Application Form

Name _____

Age _____

Nationality _____

Gender Male Female

Golfer Yes No Hcp _____

DGC Member Yes No

Volunteered before Yes No

Mobile _____

Email _____

Select Category and Preferred Choice

Category	1 st Choice	2 nd Choice	3 rd Choice
Walking Marshal (5 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stationary Marshal (5 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Course Scoreboard (5 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caddying (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV Assistant (B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Scorer (5 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Carry Board (5 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important:

(A) Caddie volunteers must be available from 6am to 6pm, from 22 to 29 January 2017. Selection on first-come, first-served basis.

(B) TV Assistant volunteers must be available from 6am to 6pm from 26 to 29 January 2017. Selection will be at the TV Assistant Coordinator's discretion.

Select Preferred Timing

Date	6am - 12 noon	11am - 5pm
Thursday, 26 January 2017	<input type="checkbox"/>	<input type="checkbox"/>
Friday, 27 January 2017	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, 28 January 2017	<input type="checkbox"/>	<input type="checkbox"/>
Sunday, 29 January 2017	<input type="checkbox"/>	<input type="checkbox"/>

Select T-Shirt Size

Men S M L XL XXL

Ladies XS S M L XL

Notes

- Volunteers should be available for a minimum of two days during the tournament between 26 to 29 January 2017.
- Volunteer will be invited to participate in a post-tournament golf clinic.

**CLOSING DATE FOR VOLUNTEER APPLICATIONS:
16 DECEMBER 2016**

Please return this form to **Ms. Mary Joyce Lozarita**

Tel: **+974 4496 0791**

Mob: **+974 3375 3257**

Fax: **+974 4483 4790**

E-mail: **volunteer@dohagolfclub.com**

Many thanks for your support!



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Government Release Application Form

CBQM Ref#

Release Dates

Starting Date:

End Date:

Full Name

Nationality

Company Name

*Employee No.

*Must be completed if you are a Government Employee

Job Title

Full Name of individual providing consent

Job Title

Office Tel.

Office Fax

E-mail

Please return this form to **Ms Mary Joyce Lozarita**

Mob: +974 3375 3257 | Fax: +974 4483 4790 | E-mail: volunteer@dohagolfclub.com



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