

## Team Registration Form – Thursday 14th November 2019

**TEAM ENTRY: \$1,000+gst FOR 4 MEMBERS (\$250pp)**

Please complete and send to [fundraising@hospice.co.nz](mailto:fundraising@hospice.co.nz) to reserve your place

Company/Team: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Player 1: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 2: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 3: \_\_\_\_\_ Handicap: \_\_\_\_\_

Player 4: \_\_\_\_\_ Handicap: \_\_\_\_\_

Payment method: \$1,000 + gst PER TEAM OF 4

- **Cheque:** Please make cheques payable to: Totara Hospice

- **Card:** Visa  Mastercard  Amex  *Please debit my card*

Card No.

Exp:   /

Cardholders Name: \_\_\_\_\_

CCV: \_\_\_\_\_ Signature: \_\_\_\_\_

- **Internet banking: ASB 12-3032-0715880-02**

Particulars: *Surname* Code: *First name* Reference: *Golf Day*

- **Alternatively,** if you would like to be invoiced complete:

Invoice to: \_\_\_\_\_

Address details: \_\_\_\_\_

Email details for invoice: \_\_\_\_\_

Please send completed form to: [fundraising@hospice.co.nz](mailto:fundraising@hospice.co.nz)

- **We have two tee off times available, 10.00am or 1.30pm** (you will enjoy the other activities on offer in the other half of the day). Once we receive your registration form you will be contacted to submit your preferred time.