

Team Registration Form – Thursday 26th March 2020

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

Please complete and send to 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

- **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.