



# HOSPICE NORTH SHORE GOLF DAY 2012

## PLAYER & TEAM REGISTRATION FORM

Please return your details to me by email [jennyp@nshospice.org.nz](mailto:jennyp@nshospice.org.nz)

Phone 485 3507 Fax 486 1230 or to P.O. Box 331 129 Takapuna.

**WHERE** : North Shore Golf Club

**DATE** : Thursday 23<sup>rd</sup> February 2012

**Programme Details** : 12.00pm Registration & welcome BBQ  
12.45pm Welcome & team photo & rules of play  
1.00pm Shot-gun start – Team Event, Best 3 of 4 Stableford scores per hole  
6.00pm Dinner, raffles, auction & prize giving

**COST** : \$ 170 per player or \$650 per team (GST inclusive)  
\$1250 for a team entry and hole sponsorship (GST inclusive)

Find me a team \$170  Team Entry \$650  Team Entry & Hole Sponsorship \$1250

CONTACTPERSON \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CLUB \_\_\_\_\_ MEMBER No: \_\_\_\_\_ H-CAP \_\_\_\_\_

PHONE \_\_\_\_\_ (day) EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

Attached is my CHEQUE FOR \$ \_\_\_\_\_ (made out to North Shore Hospice Trust) OR

CREDIT CARD – Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Please complete player details overleaf and receipts can be provided for individual payments.

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## TEAM MEMBERS PAYMENT DETAILS

Do you have any items you would be happy to donate for the prize table or auction. Yes / No

Description: \_\_\_\_\_  
.....

NAME \_\_\_\_\_ CLUB: \_\_\_\_\_

ADDRESS \_\_\_\_\_ MEMBER NO; \_\_\_\_\_ H-CAP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PAID BY CHQ / CASH / CREDIT CARD \$ \_\_\_\_\_

C/C NO \_\_\_\_\_ EXP DATE \_\_\_\_\_

CARD NAME \_\_\_\_\_  
.....

NAME \_\_\_\_\_ CLUB: \_\_\_\_\_

ADDRESS \_\_\_\_\_ MEMBER NO; \_\_\_\_\_ H-CAP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PAID BY CHQ / CASH / CREDIT CARD \$ \_\_\_\_\_

C/C NO \_\_\_\_\_ EXP DATE \_\_\_\_\_

CARD NAME \_\_\_\_\_  
.....

NAME \_\_\_\_\_ CLUB: \_\_\_\_\_

ADDRESS \_\_\_\_\_ MEMBER NO; \_\_\_\_\_ H-CAP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

PAID BY CHQ / CASH / CREDIT CARD \$ \_\_\_\_\_

C/C NO \_\_\_\_\_ EXP DATE \_\_\_\_\_

CARD NAME \_\_\_\_\_

Please tick here if you do not wish to be kept informed of upcoming Hospice news, events & offers via email