

# PLAYER REGISTRATION FORM

## PRINTNZ MAINLAND REGION ANNUAL GOLF DAY

### FRIDAY 23 FEBRUARY 2024 WAITIKIRI GOLF CLUB Waitikiri Drive, Burwood, Christchurch

- o Shotgun Start Commencing at 12.00 pm
- Prizes for all playing abilities
- All proceeds to be donated to The Full Colour Trust
- You can register individual players, or enter a whole team

### \$60.00 per player (including GST)

Phone 09 265 2090 email: pam.seymour@printnz.co.nz

Company Name Phone Email	
	Handicap
Player 1	
Player 2	
Player 3	
Player 1     Player 2     Player 3     Player 4	

#### TAX INVOICE GST NO: 10-161-746

Please retain a copy of this registration as it will become a GST Tax Invoice once paid

We will pay \$	_by:				
Direct Credit	Visa		Master	card	
Direct Credit to: 06 0501 00	35906 02	Ref: Mainland Golf 2024			
Card Number:					
	_				
(Card Holder's Name)			(Signatu	re)	

Hole sponsorship is also available. Please contact Tania McDougall 021 587 072





# SPONSORSHIP REGISTRATION FORM

## PRINTNZ MAINLAND REGION CHARITY GOLF DAY

### FRIDAY 23 FEBRUARY 2024 WAITIKIRI GOLF CLUB Waitikiri Drive, Burwood, Christchurch

#### **OPTION 1 - HOLE SPONSORSHIP**

\$500 +GST per hole (includes registration for a team of 4 players)

**OPTION 2 - GENERAL SPONSORSHIP** 

@\$300 +GST (includes registration for two players)

**OPTION 3 - PRIZE SPONSORSHIP** 

\$120 +GST

### **OTHER**

Sponsorship of golf balls, pens, etc (for these items please contact tania.mcdougall@printnz.co.nz)

Sponsor Name :

Contact Person:

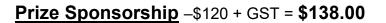
Email :

Phone :

### Hole Sponsorship – \$500 + GST = \$575.00

(this sponsorship includes registration for a team of four players)

<u>**General Sponsorship**</u> – \$300 + GST = **\$345.00** (this sponsorship includes registration for two players)



Please indicate your payment method on the next page.

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### FRIDAY 23 FEBRUARY 2024 WAITIKIRI GOLF CLUB

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Payment Options	Payment for \$	will be paid as follo	WS:
Direct Credit - 06 05	01 0035906 02	Ref: Mainland Golf 2024	4
Credit Card – please	e complete details belo	W	
Invoice me (members	s only)		
Visa	Maste	rcard	
Credit Card:			Exp
Cardholders Name			
Signature			



Please email this form to tania.mcdougall@printnz.co.nz