

Thank you for your interest in our Charity Golf Day
Please complete the form below to register your team.

Full Name

Email Address

Contact Number

Team Name

Company Name & Address (If Applicable)

Player 1 (Captain):

Handicap:

Player 2:

Handicap:

Player 3:

Handicap:

Player 4:

Handicap:

Total number of players at £75 per person is _____

£

I would like to sponsor a hole/holes at £100 each

£

I would like to donate a raffle prize of _____

£

I would like to make a donation of _____

Please gift aid my donation **Y / N** House Number _____

Postcode _____

GRAND TOTAL ENCLOSED / TRANSFERRED

£

Payment Methods:

Online: www.linccharity.org/events/golfday-2024

By bank transfer to: Linc, Sort code: 30 95 72, Account number: 00610628

By cheque: Payable to Linc

Returning Your Form:

By email to: gln-tr.linccharity@nhs.net

By post to: Linc Charity, Linc OPD, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN