

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 £85 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-2025

By bank transfer to:

Linc, Sort code: 30 95 72, Account number: 00610628

By cheque:

Payable to Linc

Returning Your Form:

By email to:

ghn-tr.linccharity@nhs.net

By post to:

Linc Charity, Linc OPD, Cheltenham General Hospital, Sandford Road, Cheltenham, GL53 7AN

