



REGISTRATION FORM

COMPANY NAME:

CONTACT NAME:

CONTACT PHONE:

CONTACT EMAIL:

GOLF TOURNAMENT TEAM ENTRIES:

(PLEASE INDICATE)

- ONE TEAM (FOUR PLAYERS PER TEAM) - \$500.00
- TWO TEAMS (FOUR PLAYERS PER TEAM) - \$1,000.00
- THREE TEAMS (FOUR PLAYERS PER TEAM) - \$1,500.00

HOLE SPONSORSHIP:

(PLEASE INDICATE IF APPLICABLE)

- ONE HOLE SPONSORSHIP - \$500.00
- DUAL HOLE SPONSORSHIP - \$1,000.00

DONATED ITEM:

(OPTIONAL)

- WE WOULD LIKE TO DONATE AN AUCTION ITEM
- WE WOULD LIKE TO MAKE A MONETARY DONATION TOWARDS AN AUCTION ITEM

PAYMENT METHOD:

(PLEASE INDICATE)

- CREDIT CARD PAYMENT (SECURE PAYPAL PAYMENT LINK WILL BE PROVIDED)
- CHEQUE PAYMENT
- DIRECT BANK TRANSFER

BANK ACCOUNT NAME: ROAD TRAFFIC ACCIDENT TRAUMA CHARITABLE TRUST

BANK ACCOUNT NUMBER: 38-9009-0764585-00

BANK PROVIDER: KIWIBANK LIMITED

THANK YOU FOR SUPPORTING THE TRUST IT WILL ASSIST US WITH PROVIDING OUR VERY VALUED SERVICES TO THE COMMUNITY.