

# **Springhill Hospice Charity Golf Day**

## **Friday 23<sup>rd</sup> September 2016**

### **Rochdale Golf Club**



## **Booking Form**

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### **Section 1 – Your Details**

Name: .....

Company: .....

Address: .....

..... Post Code: .....

Tel (day): ..... Email: .....

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### **Section 2 – Details of Your Team**

I/ We would like to enter a team/ teams in the Springhill Hospice Charity Golf Day at Rochdale Golf Club on Friday 23<sup>rd</sup> September 2016 and I enclose our entry fee of £200.00 per team of 4.

My preferred tee-off time would be ..... (*Tees open at 10.30a.m. until 3.00p.m. and times will be issued on a first come, first served basis.*)

Team Name(s): .....

Team Leader(s): .....

Team Members: .....

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### **Section 3 – Sponsorship Details**

I/ We would like to: *Please tick below*

Sponsor ..... hole(s) at £50 per hole .....

Provide a raffle prize .....

I/ We are unable to attend but enclose a donation of £.....

I enclose a cheque to the total value of £..... made payable to Springhill Hospice.

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**Please complete and return this form to:**

2016 Charity Golf Day  
Fundraising Office, Springhill Hospice  
Broad Lane, Rochdale OL16 4PZ