



GOLF DAY 2012

Wednesday 27 June

MINCHINHAMPTON GOLF CLUB

ENTRY FORM

I would like to enter ____ team(s) in the LINC Charity Golf Day
@ £240 per team of 4

Team Name: _____

Player's Name	Handicap
1	
2	
3	
4	

I would like to sponsor a hole @ £25 Yes / No

I would like to sponsor a prize at a cost of £ _____

I would like to donate the following prize for the raffle:

_____ I would like to donate £ _____ towards fundraising

I therefore enclose a cheque made payable to LINC

Please Gift Aid my donation Yes / No

Daytime contact number: _____

email address: _____

please return to Dr Gill Rouse, LINC Director
Haematology Dept, Cheltenham General Hospital, Sandford Road, Cheltenham, Glos GL53 7AN

☎ 08454 224422 ✉ linc@glos.nhs.uk

or register online at www.lincfund.org



GOLF DAY 2012

Wednesday 27 June

MINCHINHAMPTON GOLF CLUB

ENTRY FORM

I would like to enter ____ team(s) in the LINC Charity Golf Day
@ £240 per team of 4

Team Name: _____

Player's Name	Handicap
1	
2	
3	
4	

I would like to sponsor a hole @ £25 Yes / No

I would like to sponsor a prize at a cost of £ _____

I would like to donate the following prize for the raffle:

_____ I would like to donate £ _____ towards fundraising

I therefore enclose a cheque made payable to LINC

Please Gift Aid my donation Yes / No

Daytime contact number: _____

email address: _____

please return to Dr Gill Rouse, LINC Director
Haematology Dept, Cheltenham General Hospital, Sandford Road, Cheltenham, Glos GL53 7AN

☎ 08454 224422 ✉ linc@glos.nhs.uk

or register online at www.lincfund.org