

# GEORGE JONES FAMILY FOUNDATION



## CYSTIC FIBROSIS GOLF CLASSIC

Friday 2 November 2018  
Lake Karrinyup Country Club

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Organisation : \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### SPONSORSHIP PACKAGES

- Gold Sponsorship \$4,000
- Silver Sponsorship \$3,000
- Iron Sponsorship \$2,000
- Single Player \$500 Team Name (if applicable): \_\_\_\_\_

### DINNER TICKETS

I would like to purchase an additional \_\_\_\_\_ dinner tickets (\$150 each)

### CASH DONATION

I would like to make a donation for the following amount \$ \_\_\_\_\_

*(All donations over \$2 are tax deductible)*

### AUCTION ITEM OR PRIZE DONATION

I would like to donate the following item(s) or service as an auction item or prize:

\_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_

## PAYMENT DETAILS

Sponsorship Package(s)      \$: \_\_\_\_\_  
Extra Dinner Tickets            \$: \_\_\_\_\_  
Cash Donation                    \$: \_\_\_\_\_  
**Total**                                \$: \_\_\_\_\_

### Cystic Fibrosis WA Bank Details

Account:    Cystic Fibrosis WA Inc.  
BSB:         066000  
Acc No:     11926780  
Reference:   Your Name  
Please send remittance advice to  
accounts @cfwa.org.au

Cheque (payable to Cystic Fibrosis WA)     EFT (details above)

Visa     Mastercard     American Express

Card Number: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## PLAYER & DINNER GUEST INFORMATION

Player 1    Name: \_\_\_\_\_

H'cap: \_\_\_\_\_ Golf Link Number: \_\_\_\_\_ Golf Club: \_\_\_\_\_

Player 2    Name: \_\_\_\_\_

H'cap: \_\_\_\_\_ Golf Link Number: \_\_\_\_\_ Golf Club: \_\_\_\_\_

Player 3    Name: \_\_\_\_\_

H'cap: \_\_\_\_\_ Golf Link Number: \_\_\_\_\_ Golf Club: \_\_\_\_\_

Player 4    Name: \_\_\_\_\_

H'cap: \_\_\_\_\_ Golf Link Number: \_\_\_\_\_ Golf Club: \_\_\_\_\_

## ADDITIONAL DINNER GUESTS

Guest 1    Name: \_\_\_\_\_

Guest 2    Name: \_\_\_\_\_

Guest 3    Name: \_\_\_\_\_

Guest 4    Name: \_\_\_\_\_

## SPECIAL DIETARY REQUIREMENTS:

\_\_\_\_\_

Please return completed registration form to:

Marnie Thomson  
Cystic Fibrosis WA, PO Box 959 Nedlands WA 6909  
**Ph:** (08) 6457 7333    **E:** events@cfwa.org.au

