

ENTRY FORM

GC CELEBRITY PRO-AM 4TH – 5TH APRIL 2019

COORDINATOR DETAILS: (required for all entrants - golf and dinner)

Name _____

Email _____

Company _____

Phone _____

Please tick which package you are taking:

GOLF AND DINNER PACKAGES:		SPONSOR PACKAGES:			
<input type="checkbox"/>	A: Team of three 36 holes/table of 10 at dinner	\$5,500	<input type="checkbox"/>	D: SILVER SPONSOR	\$10,000
<input type="checkbox"/>	B: Team of three 36 holes' golf only	\$3,300	<input type="checkbox"/>	E: GOLD SPONSOR	\$25,000
<input type="checkbox"/>	C: Table of 10 Gala Dinner only	\$2,200	<input type="checkbox"/>	F: PLATINUM SPONSOR	\$50,000

GOLF TEAM DETAILS: Please fill out all sections required, if no handicap please put N/A, the player will be assigned a set one on the days. Team ID will be your company name. If you have different people playing each day please fill out form twice with different names.

Player 1: Team ID	_____	Player 2: Team ID	_____
Email	_____	Email	_____
Golf Link #	_____	Golf Link #	_____
Handicap #	_____	Handicap #	_____
Shirt Size	M: S M L XL XXL XXXL F: 8 10 12 14 16	Shirt Size	M: S M L XL XXL XXXL F: 8 10 12 14 16

Player 3: Team ID	_____	Player 4: Team ID	_____
Email	_____	Email	_____
Golf Link #	_____	Golf Link #	_____
Handicap #	_____	Handicap #	_____
Shirt Size	M: S M L XL XXL XXXL F: 8 10 12 14 16	Shirt Size	M: S M L XL XXL XXXL F: 8 10 12 14 16

Do your players require golf club hire on the day? Provide name and details here: _____

DINNER GUEST DETAILS: The following guests will be attending dinner. Please note if you have chosen packages **D, E or F** you have **10 guests which includes Celebrity and PGA professional**. All other packages have 10 guests. If you would like more to attend please contact the event provider.

	Name	Dietry		Name	Dietry
Guest 1			Guest 1		
Email			Email		
Guest 2			Guest 2		
Email			Email		
Guest 3			Guest 3		
Email			Email		
Guest 4			Guest 4		
Email			Email		
Guest 5			Guest 5		
Email			Email		

PAYMENT DETAILS: **Total Amount \$**

Card Type AMEX VISA Mastercard Debit card

Card Number Exp / CSV

Cardholder's Name _____ Signature _____

To arrange a bank transfer please contact Doowi at E: doowi@waynegrady.com