The Friends of the NZ Brain Research Institute Annual

**GOLF TOURNAMENT**

**Raising funds for neurological research in Canterbury**

**Friday 24th November 2017, Christchurch Golf Club, Shirley**

**Registration completed by 12.20pm for a 1pm Shot Gun start**

* **18-Hole Team Event, with teams of four, 4 Ball Bamboozle (Best 3 Stableford per hole)**
* **Entry fee $430 per team**
* **Non-handicap players on a handicap of 24**
* **Players will receive a gourmet lunch pack on arrival from Strawberry Fare**
* **On-course refreshments from Pegasus Bay Wines**
* **More than $3,000 of team and individual prizes**
* **Complimentary after match food in the clubhouse and cash bar**
* **Prize presentation, raffle and auction of fabulous sponsored items**

**Please complete the registration form below and email to** ***caroline@cmrf.org.nz*** **OR post to the address below as this event SELLS OUT quickly!**

Enter a team of four people $430.00 including GST

Sponsor a golf hole at $1,000.00 + GST ($1,150). An opportunity to profile your business while you support a worthy cause, treat staff or entertain clients. This includes a complimentary team entry of four players.

Donate a prize or auction item - e.g. spot prize, longest drive or auction.

Additional donation - You can claim a tax rebate of 1/3 of every dollar you donate, up to the amount of your taxable income for that year.

I am interested in learning more about being a Principal Sponsor and the benefits that are available for this level of giving.

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Club Membership number

Player 1……………………………………………………….. Handicap Index ………… #...............

Email address………………………………………………… Dietary requirement …………………

Player 2………………………………………………………. Handicap Index ………… #..............

Email address………………………………………………… Dietary requirement …………………

Player 3………………………..……………………………… Handicap Index …………. #..............

Email address……………………………………………….. Dietary requirement …………………

Player 4 ………………………………………………………. Handicap Index…………. #...............

Email address……………………………………………….. Dietary requirement …………………

I prefer to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: 🖵Cheque 🖵Invoice 🖵Mastercard 🖵Visa

Please use the reference “**FBI Golf” and “Your name”** when making a payment

🖵Bank Deposit - Account details: New Zealand Brain Research Ltd 01-0797-0631546- 00

Reference “FBI Golf” and “Your Name”

*Card Number* 🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵🖵

*Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card expiry date (mm/yr) \_\_\_\_\_\_\_\_\_\_*



**Please FORWARD THIS FORM with payment to:**

Caroline on caroline@cmrf.org.nz or post to:

NZBRI, 1/230 Antigua Street, Christchurch 8014

🖵 I would like to receive further information from the New Zealand Brain Research Institute

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Principal Sponsor