

SOUTHPORT SLSC GOLF CHARITY DAY

FRIDAY
JULY 14TH 2017
PARKWOOD VILLAGE
76-122 Napper Road
Parkwood QLD 4214

COMPANY TEAM REGISTRATION

TEAM NAME:	RETURN BUS TRIP TO/FROM SSLSC: YES/NO
COMPANY:	
ADDRESS:	
EMAIL:	PHONE:

PLAYER NAME	EMAIL	MOBILE

TEAM REGISTRATION:

REGISTRATION: \$460.00

*CASH OR CARD ACCEPTED AT
LIFESAVING OFFICE

SPONSORSHIP:

HOLE SPONSORSHIP

No. Holes: _____

COMPETITION SPONSOR

No. Comp: _____

PRIZE SPONSOR

FOOD/ DRINK SPONSOR

DONATION: \$ _____

BRONZE SPONSOR

SILVER SPONSOR

GOLD SPONSOR

PLATINUM SPONSOR

\$ _____ TOTAL

**SPONSORS WILL BE INVOICED FOR
SPONSORSHIP FOLLOWING THE
RETURN OF REGISTRATIONS*



CREDIT CARD PAYMENT PAYMENT AUTHORISATION FORM

Sign and complete this form to authorise Southport SLSC to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorisation for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorise Southport SLSC to charge my credit card account indicated below for \$ _____ on or after _____.

This payment is for _____



Expiry Date ____/____

CCV _____

Cardholders Signature _____ Date _____

I authorise the above named business to charge the credit card indicated in this authorisation form according to the terms outlined above. This payment authorisation is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorised user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.