

REGISTRATION FORM

for MonSTAR Cup 2010 – March 19, 2010



COMPANY:

CONTACT NAME:

ADDRESS:

PHONE: (B)

(M)

FAX:

EMAIL ADDRESS:

SPECIAL DIETARY REQUIREMENTS:

GOLF DETAILS:

*If Gold/Platinum Sponsor please complete 2nd page of registration form for extra players/dinner guests.

	Player 1	Player 2	Player 3	Player 4
Name:				
Organisation:				
Handicap:				
Golfer's Special Dietary Requirements:				
DINNER DETAILS:				
Attending dinner:	Yes/No	Yes/No	Yes/No	Yes/No
Partner's name (if attending):				
Partner's Special Dietary Requirements:				

BOOKING OPTIONS:	\$	Includes:	Please select <input checked="" type="checkbox"/>	TOTAL
PLATINUM Sponsor:	\$20,000	12 golf guests and 24 dinner guests		
GOLD Sponsor:	\$5,000	8 golf guests and 16 dinner guests		
SILVER Sponsor:	\$2,500	4 golf guests 4 dinner guests		
TABLE Sponsor:	\$1,000	10 dinner guests		
AFTERNOON FIELD PRICES		Please write total number required in next box & their details in top section of form.		
Golf	\$130/pp			
Dinner only	\$120/pp			
Golf & Dinner Package	\$250/pp			
MORNING FIELD PRICES		Please write total number required in next box & their details in top section of form.		
Golf & Dinner Package	\$175/pp			

PAYMENT OPTIONS:

I enclose a cheque in the sum of \$ _____ . **Make cheque payable to 'MonSTAR Foundation'**

Electronic funds transfer conducted on this date from (Bank)
In the amount of \$.....

MonSTAR Bank Account Details are: BSB Number 062-171 Account Number 10260492 Account name: MONSTAR FOUNDATION

Privacy and Confidentiality

We adhere to the Privacy Act 1988, including the National Privacy Principles, when we collect, use, disclose, store, provide access to, or otherwise deal with your personal information (including details in your direct debit request). Any information you provide The MonSTAR Foundation will be treated in the strictest of confidence and will be used by The MonSTAR Foundation in connection with the administration of your pledge.

PLATINUM & GOLD SPONSORS – additional information

SPONSORS NAME _____

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GOLF DETAILS:	Player 5	Player 6	Player 7	Player 8
TEAM 2 (Platinum & Gold)				
Name:				
Organisation:				
Handicap:				
Golfer's Special Dietary Requirements:				
DINNER DETAILS:				
Attending dinner:	Yes/No	Yes/No	Yes/No	Yes/No
Partner's name (if attending):				
Partner's Special Dietary Requirements:				

GOLF DETAILS:	Player 9	Player 10	Player 11	Player 12
TEAM 3 (Platinum only)				
Name:				
Organisation:				
Handicap:				
Golfer's Special Dietary Requirements:				
DINNER DETAILS:				
Attending dinner:	Yes/No	Yes/No	Yes/No	Yes/No
Partner's name (if attending):				
Partner's Special Dietary Requirements:				

Issued by: The MonSTaR Foundation

With Thanks.....

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Please fill out the registration form and return by post, fax or email to the Foundation Manager.

Email: amanda.stubbs@monstarfoundation.com.au **Fax:** 02 9875-4633 **or Post:** PO Box 123, Pennant Hills NSW 1715