



**BURNSIDE WEST
CHRISTCHURCH UNIVERSITY
CRICKET CLUB INC**

GOLF DAY APPLICATION FORM

Name of Organisation/Team/Individual:

.....

Number of Players:.....

Contact Name:

Address:

.....

.....

Email:.....

Telephone:

Hole Sponsorship: Yes/No

Hole Sponsorship with 4 players: Yes/No

Cash Cheque Credit Card

Visa/Mastercard Expires.....

Card Number.....

Total: \$..... Name on card

Signature



Burnside West Christchurch University Cricket Club Inc
PO Box 31-102 Christchurch