The Taxi Driver of the Year Charity Fund

## PLAYERS REGISTRATION FORM 24 MAY 2018 HENDON GOLF CLUB

Please Use Bold CAPITALS



Team Name		
Contact		Company
Email		Mobile
GOLFER 1: NAME		
Handicap:	Male Female	
Do you have golf ins	surance: Yes No	
GOLFER 2 : NAME		
Handicap:	Male Female	
Do you have golf ins	surance: Yes No	
GOLFER 3: NAME		
Handicap:	Male Female	
Do you have golf ins	surance: Yes No	
GOLFER 4: NAME		
Handicap:	Male Female _	
Do you have golf ins	surance: Yes No	
Please tick box for E	Evening meal. Meat	Veg Other: Please specify
All forms and full pa	yment to be received no later	r than <b>2nd May 2018.</b>
Please note, we are	sorry but we are unable to ta	ike payment on the day.
Please Reply To:		
5 St B	rides Avenue, Edgware Middl	lesex, HA 8 6BT
Phone	e/ Fax To: 020 8952 1357	Mobile: 07850 056 765
Email:	brussella@talk21.com	Website: taxifund.com

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Registered with the Charity Commission No 100761