



DRIVE AGAINST CANCER

REGISTRATION FORM

CLUB DETAILS

Name of Club _____

Contact Name _____

Position _____

Club Address _____

Postal Address (if different) _____

Daytime Phone _____ Mobile _____ Fax _____

Email _____

Competition Date ____/____/20____ Competition Type Ladies Mens Mixed

Our club will include a \$5 entry fee or raise an average of \$5 per participant as part of our Drive Against Cancer fundraiser. We expect _____ participants (each participant will receive a daffodil lapel pin)

Our club will charge an entry fee of less than \$5 (Please note: lapel pins will not be supplied)

A prize will be provided for the winner/s of your golf day.

Number of prizes required _____ (max of 4)

Prizes and pins will be sent prior to the competition date

Please return your Registration Form to:

**Drive Against Cancer
Cancer Council Victoria
1 Rathdowne Street
CARLTON VIC 3053**

Or via Fax 9635 5240

For further information or enquiries, please contact 1300 65 65 85

