

Golf Day

Thursday 3 July 2014

Whitefields Golf Club, London Rd,
Rugby, Warwickshire CV23 9LF

Registration to enter a team of four

Complete electronically & [Submit Here](#) (sandy@aladltd.co.uk)

or print, fill in & fax: **+44 (0)1732 455837**

or post: **Alad Ltd, 6 Wealden Place, Bradbourne Vale Road, Sevenoaks, Kent TN13 3QQ**

Team name	<input type="text"/>
Contact	<input type="text"/>
Job title	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>

I am pleased to confirm that we are interested in entering a team of 4 golfers for the **Highways/IHE Golf Day**.

- Enclosed is a cheque for £475 INC. VAT to register a team which will be returned if we are unsuccessful in our entry.
- I'd like to pay by credit card (*please fill in the details below*).
- Please send me accommodation details.
- Please send me details of sponsorship opportunities.

Credit card payment details

Credit card	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> Other
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Security code	<input type="text"/> <input type="text"/> <input type="text"/>
Name on card	<input type="text"/>		
*Billing address	<input type="text"/> <input type="text"/> <input type="text"/>		

** if different from above*

Date

Signature