

2015 Hope Charity Golf Classic

IN SUPPORT OF
THE NEW ZEALAND BREAST CANCER FOUNDATION

Monday 16th November 2015
Mount Maunganui Golf Club

PINK PAIRS

NEW
FORMAT
& VENUE

PROUD
COMMUNITY
SUPPORTER



Pair entry \$250
3 Divisions

Major supporters
on the day



Mixed pairs



Women's pairs



Men's Pairs



ECCO

We welcome entries From 18-hole, 9-hole and social golfers

Entry includes golf, light bbq lunch, dinner, lots of Fun competitions, auctions and major prize table

Shotgun start 12.30pm

Prize For the Best Dressed Pink Pair



CALL PAR NZ NOW!

Phone Kim or Denise on +64 9 486 1077 Australia Toll Free +1800 018 575
Email: denise@parnz.co.nz or kim@parnz.co.nz
More information online www.parnz.co.nz

PaR n.z. drives



Hope Charity Golf Classic 2015

in support of The New Zealand Breast Cancer Foundation
Monday 16th November 2015, Mount Maunganui Golf Club

Entries close Thursday 12th November 2015

PROGRAM & TOURNAMENT DETAILS

- From 11.30am Pair Registration, light BBQ Lunch, fun activities.
- 12.15pm Announcements and group photo.
- 12.30pm Shot gun start – Pink Pairs 2 Ball ambrose, in 3 Divisions, mixed, women's and men's pairs.
- From 5.30pm Hopetail, light dinner, auction and prizegiving.



PAIRS ENTRY (PLEASE FILL IN ALL SECTIONS)

	Player Name	Club	Handicap	Email
1				
2				

*Confirmation of pair entry will be sent by email. Entry includes round of golf with fun activities on-course, BBQ lunch, dinner, 1 Hopetail and lots of prizes.

TICK YOUR LEVEL OF PARTICIPATION (All prices include GST)

- Find me a partner \$125 Pair Entry \$250 Hole Sponsor \$250
- I'd like to donate a prize for the prize table or auction or players packs
- Our partners will be joining us for the dinner and refreshments \$35 each _____

I'D LIKE TO MAKE A DONATION

- \$20 \$50 \$100 \$200 Other _____

CONTACT DETAILS

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

- Please make cheques payable to PaR nz Corporate Events: Attn: Hope Charity Golf Classic 2015,
PO Box 33-1395, Takapuna 0740

Credit card Visa Mastercard

Card Number Expiry: _____

Name: _____ Signature: _____



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