ST CATHERINE'S HOSPICE

New Horizons Appeal

Charity Golf Challenge

New Horizons Appeal and Horsham Golf Club invite you to play golf for Linda's Trophy* on behalf of St Catherine's Hospice.

There will be:

• Teams of four (full handicap)

• 2 Tee start

• Texas Scramble

• Coffee and bacon roll on arrival

• Buffet lunch

When: Friday 13 September 2019

Where: Horsham Golf, Denne Park House,

Worthing Rd, Horsham RH13 OAX

Time: Start from 9.30am

HORSHAM GOLF



Sign up today: newhorizons@stch.org.uk or call 01293 447367 For golf enquiries contact: info@horshamgolf.co.uk To book buggies call Horsham Golf on 01403 271525

^{*} Linda Catlow was under the care of St Catherine's Hospice. Her family ran the previous golf event for six years and raised more than £35,000 in her memory. Registered charity number 281362 and as a Company in England no. 1525404.

New Horizons Appeal Charity Golf Challenge Form

| Title: | Foren | ame: | | Sı | Surname: | | | | | | | | | | | | | | | |
|--|---|---|---|---|---------------------------|--|------------------------------|--|---|--|----------------------------------|--------------------------------------|-----------------------|----------------------------|--|---|-------------|---|--|--|
| Address: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Postcode: | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | |
| Your Personal Daty your information. people we suppor ways in which you Yes, I am happy Yes, I am happy No, I do not war More information www.stch.org.ukaccept how St Catwould like to chan | We'd love to We would be used to receive to | ve to k buld all bus. ve occ ve text ve em vive in ve use state will ho | asiona asiona t mess ails forma your ment | ou up to s al pho sages tion data . By r my in | one of the can eturn form | d abo you in calls e pos be fo ning t | t und ichis for n. For | ur wo natio n our orm, I furth | rk an n abo r privo I cont ner de | nd hov out or acy st firm I etails | w you ur fur taten am o | u are ndra nent awa copy | e mo iisin re c | aking ar hich of the | g a d nd ev is or e pri stat | liffer vents n our vacy eme | wet poli | e to the d other osite at cy and r if you | | |
| Team Name: | | | | | | | | | | | | | | | | | | | | |
| Player 1: | | | | | | | | | | | | | Handicap: | | | | | | | |
| Player 2: | | | | | | | | | | | | | Handicap: | | | | | | | |
| Player 3: | | | | | | | | | | | | Handicap: | | | | | | | | |
| Player 4: | | | | | | | | | | | | | Handicap: | | | | | | | |
| Entry Fee (Please I enclose a ch Please debit n | eque for | £260 | made | payo | ıble t | | w Ho | rizon | s App | peal | | | | | | | | | | |
| Card No: | | | - | | | | | - | | 1 | |]-[_ | | | | | | | | |
| Expiry Date: | | y No: | o: Issue No: | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | | | | | |
| Conditions of enthealth and a true age of 16. | | | | | | | | | | | ındab | | | | | | | | | |
| orginature: | | | | | | | | | | υd | ıe. | | | | | | | | | |

Please return completed form to: Suzanne Connor, St Catherine's Hospice, Malthouse Road, Crawley, RH10 6BH or email suzanneconnor@stch.org.uk