

**BREAST
CANCER
TRIALS**



IPCCGC INC
Innes Park Country Golf Club inc

REGISTRATION FORM

This form will also act as a COVID tracing form. Please hand in at reception on the day

DATE: 10TH OCTOBER 2020

TEAM NAME: _____

NAME: _____

PHONE: _____ D.O.B. _____

ADDRESS:

_____ Post Code: _____

EMAIL: _____

YOUR CONTRIBUTION WILL HELP SAVE LIVES

To play is \$25 and if you would like to donate more please indicate below

\$10 \$20 \$50 Other amount \$ _____

Emergency Contact:

NAME: _____

PHONE: _____

MEDICAL CONDITIONS

Do you have any medical conditions we should know about. Yes No

If Yes please give details below.
