



SHORTS FOR HOSPICE – 2017 REGISTRATION FORM

First Name: _____ Surname: _____

Email address: _____

Address: _____

Suburb: _____ City: _____

Postcode: _____ Phone: _____

Are you registering as an organisation? Yes No

If you are registering as an organisation please also complete the following:

Name of Organisation: _____

Approx. No employees: _____

Address: (or as above) _____

Suburb: (or as above) _____ City: (or as above) _____

Postcode: (or as above) _____ Phone: (or as above) _____

Email address: (or as above) _____

Payment Details

Cheque: Yes Amount: \$ _____

Credit Card: Visa Mastercard

Card Number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name on card: _____ Amount: \$ _____

Cardholder's signature: _____

Please return this form by email to donna.davidson@otagohospice.co.nz or fax to 03 473 6015