



# Basketball Challenge

## REGISTRATION FORM

PLEASE FAX OR EMAIL YOUR COMPLETED FORM TO:

Fiona Vail at the Beacon Foundation

Email: [fiona@beaconfoundation.net](mailto:fiona@beaconfoundation.net)

Fax: 03 62 344 465

PLAYER 1 (CAPTAIN NAME)	EMAIL:
PLAYER 2 NAME:	EMAIL:
PLAYER 3 NAME:	EMAIL:
PLAYER 4 NAME:	EMAIL:
PLAYER 5 NAME:	EMAIL:
PLAYER 6 NAME:	EMAIL:
PLAYER 7 NAME:	EMAIL:
PLAYER 8 NAME:	EMAIL:

## Payment Details

Visa Y/N

Mastercard Y/N

Cheque Money Order made payable to Beacon Incorporated

Name .....Company .....

Card Number ..... .....

Card Name .....

Expiry Date ...../.....

Signature .....

Please provide me with a Tax Receipt to my above address. Y/N