**BOOKING FORM**

**The Annual Sheffield Insurance Golf Day 2019**

**Please complete the section below and return to:**

**andy.marsh@2plan.com**

**From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please reserve \_\_\_\_\_\_\_\_ places

###### 1)  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official/Estimated (please delete as appropriate) Handicap \_\_\_\_\_\_

###### 2)  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official/Estimated (please delete as appropriate) Handicap \_\_\_\_\_\_

###### 3)  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official/Estimated (please delete as appropriate) Handicap \_\_\_\_\_\_

###### 4)  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official/Estimated (please delete as appropriate) Handicap \_\_\_\_\_\_

ENTRIES SHOULD BE ACCOMPANIED WITH A CHEQUE MADE PAYABLE TO:

"The Insurance Institute of Sheffield"

(or PAY 40 41 07 21146408 & REF YOUR COMPANY NAME)

**No booking can be confirmed without payment - advise if paid direct**