



CHARITY GOLF DAYS 2009
THE PSP ASSOCIATION
PRE REGISTRATION FORM

A. Contact information:

Title: _____ First Name: _____ Last Name: _____

Address: _____

Post Code: _____ Male: Female:

Telephone: (Daytime) _____ (Evening) _____

(Mobile) _____ (Other) _____

Email: (Work) _____ (Home) _____

Preferred contact (mail, phone, email home/work)? _____

B. Please tell us about yourself:

1. How you heard about The PSP Association (please tick all that apply):

PSP website? PSP events mailing?

A relative or friend?

Please advise their name and relationship:

Email contact? 'Other'

If 'Other' please give details

2. Have you played in a PSP golf day before? Yes No

If yes, which one(s) and where? _____

3. Which PSP golf day would you like to register for? _____

C. Keeping in Touch with The PSP Association:

Under the terms of the Data Protection Act, The PSP Association will retain and use the data you have provided for administrative purposes and to inform you of its events, fundraising, and other activities.

We hope you will want to remain in touch with our work, but if you would prefer **not** to receive future mailings, please tick this box.

Please note, photographs may be taken during the event and used to promote future events or The PSP Association in general. If you would prefer photographs of you **not** to be used in this way, please tick this box.

Signed _____ Dated _____

Please return this form to:

**The Events Team, The PSP Association, PSP House
167 Watling Street West, Towcester, Northamptonshire NN12 6BX
or BY FAX on 01327 322412**