



WA ITALIAN GOLF CLUB SPONSORSHIP AGREEMENT

COMPANY NAME: _____

CONTACT (MR/MRS/MS/MISS): _____ SURNAME: _____

NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE (H): _____ (W): _____ MOBILE: _____

EMAIL: _____

Please tick your preferred sponsorship package below

2024 Sponsorship Package - Payment in Full

2024 Sponsorship Package - 2 x Term Payments (See terms above)

TOTAL PAYABLE: \$ _____

Note: Please provide your corporate sponsorship logo in high resolution jpg format

PAYMENT DETAILS AND METHOD OF PAYMENT

BANK TRANSFER: BSB: 633 000 ACC: 156534604

CHEQUE: Payable to - WA Italian Golf Club (enclosed)

CREDIT CARD

MasterCard

Visa

CARD NUMBER:

NAME OF CARDHOLDER: _____

EXPIRY: ____/____

CVC:

CREDIT CARD SIGNATURE: _____

I agree to the 2024 Sponsorship Terms and Conditions as contained in the Sponsorship Package

SIGNATURE/S TO THIS AGREEMENT: _____ DATE: _____