



## SHORTS FOR HOSPICE 2017 REGISTRATION FORM



To participate in Shorts for Hospice 2017 please complete the following registration form:

<b>Organisation:</b>	
Address:	
	Post Code:
Phone Number:	
Website:	
Facebook:	
Twitter:	
Approx. number of employees:	

<b>Organisation Contact Person:</b>	
First Name:	Surname:
Best contact number:	
Email address:	

<b>Photo opportunities:</b> What are you planning for the day?

Please tick one option of how you would like to make your donation to Arohanui Hospice following the event:

- We would like to present a cheque to Hospice after June 21
- We would like to Direct Credit Arohanui Hospice's Account
- We would like a Hospice Representative to visit us and collect the donations

Return Registration Form to: [juliem@arohanuihospice.org.nz](mailto:juliem@arohanuihospice.org.nz) Subject: Shorts Registration