



6th Edition of CANCER CRUSADERS INVITATION CUP

FEBRUARY 1ST & 2ND 2020 | HYDERABAD GOLF CLUB

First name

Last name

E-mail

Phone number

Which day do you wish to play?

1st February ☐

2nd February ☐

Morning ☐

Morning ☐

Afternoon ☐

I don't have a preference ☐

All the guests are invited to attend the PRIZE DISTRIBUTION & "Celebrity Playoff" on 2nd feb at 7 PM at Novotel Hyderabad.

What is your home club?

For example - HGA, Boulder Hills, Bolarum

What is your handicap?

Have you previously participated in CCIC? Yes ☐

No ☐

Shoe Size

T Shirt Size

Comments:

Registration Fee INR 4000/-. Cheque / DD should be issued in the name of "CURE FOUNDATION" payable at Hyderabad.
You may also do online registration on www.cancercrusadersgolf.com

Bank Details

Beneficiary Name : CURE FOUNDATION
Bank Account number : 107511011000374
Account Type : CURRENT ACCOUNT
Bank Name : ANDHRA BANK
Branch Name : APOLLO HOSPITAL BRANCH
Bank address : Beside Apollo Hospitals, Film Nagar,
Hyderabad, T.S. 500 096, INDIA
IFSC Code : ANDB0001075

Address:

Dr. P. Vijay Anand Reddy
Director, Apollo Cancer Hospital
Apollo Hospitals, Film Nagar
Hyderabad - 500 096
Ph: 23556357 (O)