



## 5th Edition of CANCER CRUSADERS INVITATION CUP

FEBRUARY 3RD & 4TH 2018 | HYDERABAD GOLF CLUB

First name \_\_\_\_\_

Last name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone number \_\_\_\_\_

Which day do you wish to play?

3<sup>rd</sup> February ☐

4<sup>th</sup> February ☐

Morning ☐

Morning ☐

Afternoon ☐

I don't have a preference ☐

All the guests are invited to attend the PRIZE DISTRIBUTION & "Celebrity Playoff" on 4<sup>th</sup> 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 3000/- . Cheque / DD should be issued in the name of "CURE FOUNDATION" payable at Hyderabad.

You may also do online registration on [www.cancercrusadersgolf.com](http://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)