

APPLICATION FORM

LARKSPUR PARK SPORTS CLUB
CASHEL

ACE THE POT

Monthly 50/50 Raffle

€10 per entry per month

One Lucky Winner each month
will take home half the pot!



All profits will be utilised for capital development works in Larkspur Park. We are undertaking an ambitious development plan to improve our facilities including: much-needed refurbishment of our “Nissen hut” club-house, replacing our tennis court surfaces, investing in machinery to maintain and upgrade our 18-hole championship pitch and putt course, refurbishing badminton court flooring and lighting and capital investment in other sports facilities for our members.

3 Ways to Play:

- 1. Preferred Method:** Monthly standing order, to do this please fill out the form below
- 2. Make a one-off credit transfer or card payment for all entries over the coming months.** If doing this please fill out an entry form to confirm the number of tickets and months entered. (*Transfer to IBAN: IE49BOFI90597726816913*)
- 3. Place €10 per entry cash in the special envelope and give to any committee member for entry into the next upcoming draw.**

Rules and Regulations: Entrants must be over 18 years of age. Draws will take place on the last Friday of each month. The location of each draw and the size of the jackpot will be determined by the organisers each month. This will be published on the Larkspur Park Facebook pages. All bank transfers must be received by the 21st of the month for inclusion in that month's draw. Any additional entries received after the close of entries will be added to the next month's draw.

ENTRY FORM:

Name: _____

Phone Number: _____

Date: _____

A: Number of Draws entered: _____ or Tick to renew your entry every month

B: Number of Entries per draw (€10 each) _____

C: I agree to the rules and regulations. Signed _____



STANDING ORDER



Standing Order Set-Up Form

To the Manager

Branch Address

I /We hereby authorise and request you to debit my/ our account
(Details of the account from which payments will be made)

Account Name:

BIC (**optional from Feb 1st 2016**)

IBAN

and to Credit the Beneficiary/Receiver account
(Details of the account to which payments will be made)

Account Name:

BIC (**optional from Feb 1st 2016**)

IBAN

*Beneficiary /Receiver Reference
Reference will appear on Beneficiary /Receiver statement

Start Date (cannot be historic)

Frequency
 Weekly Fortnightly Monthly
 Quarterly Annually Other

Number of Payments

Amount

Signature Date

Signature Date

Please allow 5 working days prior to the first payment due date.

Please return the completed form to your branch.