



**SA OPEN**  
CHAMPIONSHIP

## HOSPITALITY BOOKING

Full name.....

Company.....

Land Line number.....Cell number.....

**Please complete below the day/s and quantity required per day:**

Days:	Thursday	Friday	Saturday	Sunday
Quantity:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Tickets**  **At R2625 each excluding VAT**

**Collection of tickets, please indicate below:**

Collect	Couriered at a cost of R50
<input type="text"/>	<input type="text"/>

Collection of tickets at DWC offices, Woodmead, Sandton

**Invoicing details:**

Full name.....

Name of Company.....

VAT Number (if applicable).....

Address.....  
.....

Email this completed form to: [hospitality@southafricanopen.com](mailto:hospitality@southafricanopen.com) in order for us to issue you an invoice

**Note: No tickets will be issued until proof of payment is received.**