

**GrandWest Casino and
Entertainment World**
“Become a Hunger Champion”

INVOICING DETAILS			
COMPANY NAME:			
POSTAL ADDRESS:			
		POSTAL CODE:	
PHYSICAL ADDRESS:			
		POSTAL CODE:	
VAT NUMBER:			
CO REGISTRATION NO:			

Please indicate:

1 Team- 18 People per team

Teams	Volunteers	Donation	✓
1	18	R12,950	
2	36	R25,900	
3	54	R38,850	
4	72	R51,800	

2. Shift time/s

Shift	Shift Times	# of Teams
SHIFT 1	09:00 TO 10:07	Fully Booked
SHIFT 2	11:00 TO 12:07	Fully Booked
SHIFT 3	13:00 TO 14:07	

PRINT FULL NAME OF PERSON SIGNING THIS REGISTRATION:			
CONTACT NUMBER		EMAIL ADDRESS:	
NAME OF PERSON RESPONSIBLE FOR PAYMENT:			
CONTACT NUMBER		EMAIL ADDRESS:	

NOTE: INVOICE AND MOU TO FOLLOW RECEIPT OF THIS REGISTRATION. THIS REGISTRATION IS ONLY CONFIRMED ON PAYMENT OF THE INVOICE AND RECEIPT OF THE CONFIRMATION OF PAYMENT (email to: dayne@rahafrica.org). INVOICE NUMBER TO BE USED AS REFERENCE NUMBER FOR PAYMENT.

DONOR AUTHORISED SIGNATURE:

NAME (PRINT IN FULL)

SIGNATURE

PLACE SIGNED

DATE

FOR RISE AGAINST HUNGER AFRICA

BRIAN NELL (CEO)