



REGISTRATION FORM



CONTACT INFO:

Contact: _____ Company Name (If App.): _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

GOLF AND DINNER INFO:

GOLF & DINNER

DINNER ONLY

Please make _____ reservations x _____ = \$ _____ Please make _____ reservations x _____ = \$ _____


PLAYER INFO:

Credit Card Payments will not be processed until August 1st

Name: _____

Mailing Address: _____

Phone #: _____ E-mail: _____



PAYMENT TYPE: ☐ CHQ ENCL. ☐  ☐  Card #: _____ Expiry: _____ CVI: _____

Name as appears on card: _____

Name: _____

Mailing Address: _____

Phone #: _____ E-mail: _____



PAYMENT TYPE: ☐ CHQ ENCL. ☐  ☐  Card #: _____ Expiry: _____ CVI: _____

Name as appears on card: _____

Name: _____

Mailing Address: _____

Phone #: _____ E-mail: _____



PAYMENT TYPE: ☐ CHQ ENCL. ☐  ☐  Card #: _____ Expiry: _____ CVI: _____

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