

**Mike Cassidy Legacy CF Golf Classic - MAY 3, 2018**

**REGISTRATION FORM - PLEASE COMPLETE ALL AREAS**

PLAYER: _____ COMPANY NAME: _____ ADDRESS: _____ V e-mail: _____ PHONE: _____ FAX: _____ Payment by: (circle one) cash cheque visa m/c CARD NUMBER: _____ exp _____	PLAYER: _____ COMPANY NAME: _____ ADDRESS: _____ V e-mail: _____ PHONE: _____ FAX: _____ Payment by: (circle one) cash cheque visa m/c CARD NUMBER: _____ exp _____
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PLAYER: _____ COMPANY NAME: _____ ADDRESS: _____ V e-mail: _____ PHONE: _____ FAX: _____ Payment by: (circle one) cash cheque visa m/c CARD NUMBER: _____ exp _____	<p style="text-align: center;"><b>I WOULD LIKE TO MAKE A DONATION</b></p> Cheque (enclosed) or Credit Card Type: visa mastercard Amount: _____ Card #: _____ (Tax receipt will be follow after the event) <b>DINNER ONLY: \$75.00 PER PERSON</b> NAME(S): _____  GOLFERS WILL BE PROVIDED WITH POWER CARTS (3 carts per fivesome)

**ALL REGISTRATIONS & PAYMENTS DUE BY APRIL 20, 2018**

PLEASE SEND YOUR CHEQUE (\$300 PER PLAYER AND \$75 PER EXTRA DINNER GUEST) PAYABLE TO:

**CYSTIC FIBROSIS FOUNDATION  
ATTENTION: COLLEEN GILLIS  
9239 160A Street  
Surrey, B.C. V4N 3E2**

INQUIRIES:

**COLLEEN GILLIS**  
PH: 778-395-3273 ext 1 or 604-583-5741  
e-mail: colleen.gillis@concentra.ca

**SID KEAY**  
PH: 604-940-0210