Mike Cassidy Legacy CF Golf Classic - MAY 4, 2017

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_____

PLAYER: _____
COMPANY NAME: _____
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_____ V _____
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PHONE: _____ FAX: _____
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_____ V _____
e-mail: _____
PHONE: _____ FAX: _____
Payment by: (circle one) cash cheque visa m/c
CARD NUMBER: _____exp_____

I WOULD LIKE TO MAKE A DONATION

Cheque (enclosed) or Credit Card Type: visa mastercard
Amount: _____ Card #: _____
(Tax receipt will be follow after the event)

DINNER ONLY: $75.00 PER PERSON
NAME(S): _____
_____

GOLFERS WILL BE PROVIDED WITH POWER CARTS
(3 carts per fivesome)

ALL REGISTRATIONS & PAYMENTS DUE BY APRIL 20, 2017

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