



GOLF REGISTRATION

9th Annual Charity Golf Tournament

Format: Texas Scramble



Registration: 11:00 am

Shotgun Start: 1:00 pm

Dinner: 6:00 pm



Number of golfers _____
x \$225 = Total \$ _____

Number of dinners only
(no golfing) _____
x \$50= Total \$ _____

Team & Individual Golf Registration:

Full Name: _____

Address: _____

Postal code: _____ Phone: _____

Email: _____

Handicap: _____

Full Name: _____

Address: _____

Postal code: _____ Phone: _____

Email: _____

Handicap: _____

Full Name: _____

Address: _____

Postal code: _____ Phone: _____

Email: _____

Handicap: _____

Full Name: _____

Address: _____

Postal code: _____ Phone: _____

Email: _____

Handicap: _____

Payment Information:

Company Name: _____

Contact Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email: _____

Charitable Registration: #86144 1053 RR0001

Payment Options: Cheque (payable to Foothills Country Hospice) or provide Visa/MC

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Please email this form to golf@countryhospice.org
or fax to (403) 938-0831; or mail to Box 274, Okotoks, T1S 1A5

Attn: Bonnie Wiebe