

REGISTRATION FORM

Please provide your contact and payment information.

Golfer #1

Name: _____

Address: _____

Phone #: _____

Email: _____

Golfer #3

Name: _____

Address: _____

Phone #: _____

Email: _____

Golfer #2

Name: _____

Address: _____

Phone #: _____

Email: _____

Golfer #4

Name: _____

Address: _____

Phone #: _____

Email: _____

Make purchase on behalf of an organization:

Organization: _____

Address: _____

City: _____

Phone Number: _____

Email Address: _____

Please complete the options below to assist us with your registration

I am registering as an individual golfer, please place me in a foursome Y / N

I am registering as part of a foursome Y / N

I am registering a foursome Y / N

Payment Information:

Individual Registration \$ 175.00 Includes registration for one golfer

Foursome Registration \$ 700.00 Includes one foursome

Foursome Registration \$1,100.00 Includes one foursome and hole sponsor

Hole Sponsor only \$ 500.00 Sign recognition at hole

Total Enclosed - \$ _____

Make cheques payable to: Starlight Children's Foundation