

Golfer Registration Form

Name:	Name:
Company:	Company:
Phone: ()	Phone: ()
Fax: ()	Fax: ()
Address:	Address:
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Email:	Email:
Handicap or score on last 18 holes:	Handicap or score on last 18 holes:
Name:	Name:
Company:	Company:
Phone: ()	Phone: ()
Fax: ()	Fax: ()
Address:	Address:
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Email:	Email:
Handicap or score on last 18 holes:	Handicap or score on last 18 holes:

Please provide contact information for each team member

Number of golfers @ \$200 each _____ Total Amount Enclosed \$ _____

Fee breakdown: \$124 golf fee, meals, and registration; \$1 prize structure entry fee; \$75 tax donation receipt

Visa Mastercard Cheque Please make cheques payable to *Canadian Paraplegic Association*

Card Number: _____ Expiry MM/YY: _____

Cardholder's Name: _____ Signature: _____

Please return completed form to: Canadian Paraplegic Association (Alberta)

103, 4719 – 48 Avenue

Red Deer, AB T4N 3T1

Phone: (403) 341-5060

Fax: (403) 343-1630

Email: golfreddeer@cpa-ab.org

Charitable Number 118835016RR0001er

