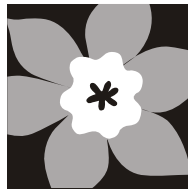


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Teams: Men's Ladies Mixed

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1. Main Contact

Name: _____
Company: _____
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Postal Code: _____
Telephone: _____
Fax: _____
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2. Golfer

Name: _____
Company: _____
Address: _____
City: _____
Postal Code: _____
Telephone: _____
Fax: _____
Email: _____

3. Golfer

Name: _____
Company: _____
Address: _____
City: _____
Postal Code: _____
Telephone: _____
Fax: _____
Email: _____

4. Golfer

Name: _____
Company: _____
Address: _____
City: _____
Postal Code: _____
Telephone: _____
Fax: _____
Email: _____

Please find enclosed our fee of \$ _____

\$150.00 per golfer \$600.00 per team

Cheque Please make payable to Golf for a Cure

Visa Mastercard

Number: _____ Expiry: _____

Cardholder: _____ Signature: _____

Please return this form with payment to:

Golf for a Cure
Box 4272
Lively, Ontario P3Y 1N3
Ph: (705) 692-0334
Fax: (705) 670-1200