SBHAC 2016 CHARITY GOLF TOURNAMENT

REGISTRATION FORM

TEAM NAME: _____

Member Name	Address with postal code	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tax receipts will be issued in each member's name unless otherwise specified here:

_____
_____
_____

☐ Check this box if your Team or organization will sponsor a hole.

Entry Fee:	$150 x _____	=	_____
Hole Sponsor:	$300	=	_____
Donation:		=	_____
TOTAL FEE ENCLOSED		=	$_____

Please return completed form along with payment to:

Spina Bifida & Hydrocephalus Association of Canada

647 - 167 Lombard Ave, Winnipeg, MB R3B 0V3

or email to: info@sbhac.ca

PLEASE MAKE CHEQUES PAYABLE TO: SBHAC