

SBHAC 2017 CHARITY GOLF TOURNAMENT REGISTRATION FORM

TEAM NAME: _____

<u>Member Name</u>	<u>Address with postal code</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
 472 - 167 Lombard Ave, Winnipeg, MB R3B 0T6
 or email to: info@sbhac.ca

PLEASE MAKE CHEQUES PAYABLE TO: SBHAC

