

# Golf Tournament Registration & Donation Form



All donations will proceed to Canuck Place Children's Hospice. **Only one member needs to register on behalf of their golf team.**

## Registrant Information

NAME (LAST, FIRST)	
STREET ADDRESS	EMAIL
CITY, PROVINCE, POSTAL CODE	PHONE
<u>GOLF TEAM NAME</u>	
<u>TEAM MEMBERS' NAME (4 MAX --&gt; INCLUDING YOURSELF)</u>	
1.	
2.	
3.	
4.	

## Donation Description

CHECK ONE: <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> E-TRANSFER (to <a href="mailto:expressfees@gmail.com">expressfees@gmail.com</a> )	
AMOUNT / DESCRIPTION	DATE
NOTES	

## Contact Information

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