





## **Golfer Registration Form**

Reg	gistrant Information				
Company			Title		
Contact Name			City		
Mailing Address			Phone No.		
Postal Code			Email		
Re	gistration				
	Team Registration (Before April 30th)	\$1,000	Attendance to event for 1 foursome		
	Team Registration (After April 30th)	\$1,200	Attendance to event for 1 foursome		
	Individual Registration	\$300	Attendance to event for 1 individual		
Playing Format					
	Classic Texas Scramble				
Plo	yer Information				
		PLAYER NAME		Player Handicap (Classic Format Only)	
Guest	#1				
Guest	#2				
Guest	#3				
Guest	#4				



Presented By:





Payment Information					
Visa MasterCard	American Express Cash Invoice				
Card #	Expiry				
Cardholder Name	CVS				
Signature	Amount				
Payment Note					

Please submit your completed form to: sdrysdale@nwpolytech.ca