

Registration Form
14th Annual Rett Syndrome Golf Tournament
Saturday, August 26th, 2017

NAME (Please list your team contact person in the number one position.)	PHONE NUMBER	Golf & Steak \$70.00 (1:30 golf)	Golf & Chicken \$70.00 (1:30 golf)	Golf Only \$40.00 <small>(includes donation)</small>	Steak Dinner Only \$50.00 <small>(includes donation)</small>	CREDIT CARD NUMBER Visa, Mastercard, or American Express	EXP. DATE	AUTHORIZED SIGNATURE
1.								
2.								
3.								
4.								

* Cedar Valley has sufficient golf carts for a full flight of golfers. Please call pro shop if you have any questions . 613-342-2158

Total Amount: \$ _____

Paid By: Cash

Cheque # Credit Card

(Payable to: Rett Syndrome Golf Tournament)

(HST is included in price)

Please drop off form to: Cedar Valley Golf Course Mail to: Cedar Valley Golf Course Faxed to: 613-342-6025
 7041 Hwy #29 P.O. Box 60012
 Forthton, Ontario Brockville, Ontario
 K6V5T4 K6V 7M9

For more information call Rick Carr @ 613-342-2158 or email: rett@cedarvalleygolf.ca

What time would you prefer to golf? 10:00 (only if 1:30 is full) _____ 1:30 _____

(We will do our best to accommodate your preferred time, however we cannot guarantee it.)

PLEASE NOTE: REGISTRATION AND PAYMENT DEADLINE IS AUGUST 19, 2017. EVERY GOLFER MUST HAVE PAYMENT IN BY THIS DATE AS THERE IS A WAITING LIST. AFTER AUGUST 19, 2017 THERE WILL BE NO REFUNDS FOR CANCELLATION. THANK YOU FOR YOUR CO-OPERATION AND UNDERSTANDING.

Golfer's Information

(Please Print Clearly)

1 **Golfer's Name:** _____

Street Address: _____

City / Province: _____

Postal Code: _____

Email address: _____

Phone Number: _____

2 **Golfer's Name:** _____

Street Address: _____

City / Province: _____

Postal Code: _____

Email address: _____

Phone Number: _____

3 **Golfer's Name:** _____

Street Address: _____

City / Province: _____

Postal Code: _____

Email address: _____

Phone Number: _____

4 **Golfer's Name:** _____

Street Address: _____

City / Province: _____

Postal Code: _____

Email address: _____

Phone Number: _____