

**Registration Form**  
**15th Annual Rett Syndrome Golf Tournament**  
**Saturday, August 25<sup>th</sup>, 2018**

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 (includes donation)	Steak Dinner Only \$50.00 (includes donation)	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, 2018. EVERY GOLFER MUST HAVE PAYMENT IN BY THIS DATE AS THERE IS A WAITING LIST. AFTER AUGUST 19, 2018 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:** \_\_\_\_\_