

REGISTRATION FORM

(please forward payment with registration)



THURSDAY, MAY 23, 2019

SHOTGUN START: 10:00 A.M.

ESSEX GOLF & COUNTRY CLUB

www.wrh.on.ca

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: **Linda McLean, Windsor Regional Hospital Foundation**

Phone: (519) 254-5577 ext. 52005 Fax: (519) 254-2317 E-mail: linda.mclean@wrh.on.ca

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____ PHONE _____

CONTACT NAME _____ E-MAIL _____

GRAND SLAM \$5,000 GOLF FOURSOME or **EAGLE** \$2,500 GOLF FOURSOME

Names

1. _____ 2. _____

3. _____ 4. _____

Number of golfers who **WILL** be attending dinner: _____

Dinner Options: Prime Rib # _____ Salmon # _____ Vegetarian # _____ Vegan # _____

METHOD OF PAYMENT

GOLF TEAM PAYMENT GRAND SLAM EAGLE

I WOULD LIKE TO SPONSOR THE EVENT: PRE-DINNER RECEPTION (\$1,500) LUNCH SPONSOR (\$1,500)

WINE SPONSOR (\$1,500) PUTTING CONTEST SPONSOR (\$750)

SKINS SPONSOR (\$600) HOLE SPONSOR (\$500)

WE ARE UNABLE TO PARTICIPATE IN TOURNAMENT BUT WISH TO MAKE A DONATION IN SUPPORT OF WINDSOR REGIONAL HOSPITAL

CASH CHEQUE VISA MASTERCARD CARD# _____

EXPIRY DATE _____ CARDHOLDER'S SIGNATURE _____

FOR OFFICE USE ONLY:

Item Rec'd: Yes or No or NA

Sponsor Form Rec'd: Yes or No or NA

Logo Needed: Yes or No

Submitted By: _____

Payment Total: _____

Payment Info: _____

Rec'd Date & By: _____