

# REGISTRATION FORM

(please forward payment with registration)



**THURSDAY, MAY 24, 2018**

**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 **HOME RUN** \$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  HOME RUN

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: \_\_\_\_\_