

# 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  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: \_\_\_\_\_