

REGISTRATION FORM

(please forward payment with registration)



THURSDAY, MAY 21, 2020

**9 HOLE - 9AM SHOTGUN
18 HOLE - NOON SHOTGUN
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 _____

CHAMPION \$10,000 FOURSOME, **GRAND SLAM** \$5,000 FOURSOME,
EAGLE \$2,500 FOURSOME, OR **BIRDIE** \$1,600 FOURSOME

Names

1. _____ 2. _____

3. _____ 4. _____

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

Vegetarian # _____ **Vegan #** _____

METHOD OF PAYMENT

CHAMPION GRAND SLAM EAGLE BIRDIE HOLE SPONSORSHIP

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: _____