

# 29<sup>th</sup>

## LACOMBE HOSPITAL CHARITY GOLF CLASSIC Golfer Registration Form

June 10, 2020 at the Lacombe Golf & Country Club

### YES I WANT TO PARTICIPATE!

TEAM / COMPANY NAME (IF APPLICABLE)

1

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

2

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

3

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

4

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

### CANCELLATION POLICY

Written notice is required for all cancellations, and in the charitable spirit of this event no refunds will be given after June 1, 2018. Substitutions will be accepted up to one day prior to the tournament.

### REGISTERING AS AN INDIVIDUAL?

List your preferred golfing partner(s):

PARTNER 1:

PARTNER 2:

PARTNER 3:

### FEE SUMMARY

- GOLF REGISTRATION FEE** \$
- \_\_\_ X \$150.00 per golfer Early Bird before May 15  
\_\_\_ X \$175.00 per golfer after May 15  
\_\_\_ X golfer included with sponsorship
- EXTRA BANQUET TICKETS** \$
- \_\_\_ X \$30.00 each for non-golfers
- CHARITABLE DONATION:** \$
- Eligible for tax receipt
- TOTAL AMOUNT PAYABLE** \$

### PAYMENT DETAILS

- CHEQUE**  
Made payable to the **Lacombe Health Trust**
- MASTER CARD / VISA**  
You must complete the online registration form in order to pay by Visa or Master Card

### REGISTER ONLINE!

[www.lacombehealthtrust.com/golf](http://www.lacombehealthtrust.com/golf)

**OR by Email** [golf@lacombehealthtrust.com](mailto:golf@lacombehealthtrust.com)

**OR by Fax** 403-782-0221

**OR by Mail**

Lacombe Health Trust

PO Box 5663

Lacombe, AB T4L 1X3



Lacombe Health Trust may use information, photographs and video regarding your participation for website and social media features, printed donor reports and newsletters, and other additional marketing material.



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