

27th

LACOMBE HOSPITAL CHARITY GOLF CLASSIC Golfer Registration Form

June 13, 2018 at the Lacombe Golf & Country Club

YES I WANT TO PARTICIPATE!

TEAM / COMPANY NAME (IF APPLICABLE)

1

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

How many years have you participated in this tournament? _____

2

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

How many years have you participated in this tournament? _____

3

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

How many years have you participated in this tournament? _____

4

NAME

ADDRESS

CITY, POSTAL CODE

EMAIL

How many years have you participated in this tournament? _____

CANCELLATION POLICY

Written notice is required for all cancellations, and in the spirit of this charity 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 10

___ X \$175.00 per golfer after May 10

___ 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

OR by Email 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.