



Registration

- Foursome** \$3,000
- Single Golfer** \$750

Golfer registration includes :

- Green fees and Golf carts
- Buffet lunch, Cocktail & Dinner reception

- Dinner only** \$200
Guest name: _____
- I cannot attend but would like to make a **donation** \$ _____
(eligible for a full tax receipt)

TOTAL \$ _____

Payment methods:

- 1) Online PalliativeCareResidence.com
- 2) Cheque payable to **West Island Palliative Care Residence**
- 3) Credit card Visa Mastercard

Card # _____ Exp.: _____

Name on card: _____

Company: _____

Address: _____

Tel.: _____

Email : _____

Players

1st golfer

Name of player: _____

Email: _____

Address: _____

2nd golfer

Name of player: _____

Email: _____

Address: _____

3rd golfer

Name of player: _____

Email: _____

Address: _____

4th golfer

Name of player: _____

Email: _____

Address: _____