

REGISTRATION FORM

Golfers Names:

1. _____ HC/AVERAGE SCORE _____

2. _____ HC/AVERAGE SCORE _____

Invoicing Information:

Company: _____

Address: _____

City/Prov: _____ P.C. _____

Phone: _____ Fax: _____

Email: _____

Please Indicate your Method of Payment:

_____ MasterCard _____ VISA _____ Invoice

_____ Purchase Order Number

Card No.: _____

Expiry Date: ____/____/____ Cardholder: _____

Fax Forms To: 780-436-6503 or E-mail:

gsarmca@telus.net