

1st Annual Gary Dalliday Memorial Caring For Our Communities" Golf Tournament

Golfer Registration Form

549 En	unity Care (Cheming nis Road, Ennismore mweir@commcareptbo	, ON, KOL 1TO Box 12, 1937 L	re (Buckhorn office) .akehurst Road, Buckhorn, commcareptbo.org	ON, KOL 1J0	
D. Linai.		Email: <u>csmittie</u>	commeareproolorg		Registration Fee
Golfer Name:		Address (For tax receipt purposes)	Phone #	Email:	\$175.00 per golfer
1.					\$175.00
2.					\$175.00
3.					\$175.00
4.					\$175.00
	Total Total Cheque Enclosed:				\$
					\$
Please forward an invoice in this amount to: Name/Company Name:					\$
	Mailing Address:				
	City, Prov, Postal Code: Phone:			ne:	
Mastercard/Visa #			expiry date C	VV Code	\$

1. Cheques should be made payable to Community Care Peterborough

2. Credit Card Option – if you prefer to call Community Care offices with your card number, call (905)292-8708 or (905)657-2171.

Any special dietary needs, please let us know prior to tournament: