

2nd Annual Gary Dalliday Memorial **Caring For Our Communities" Golf Tournament**

To Dogiston						Go	olfer Registration Form
b. Ema i	-		PTBO, Ontario K9H 0H1)				Registration Fee
Golfer Name:		Address (For tax receipt purposes)	P	hone	#	Email:	\$195.00 per gol
1.							\$195.00
2.							\$195.00
3.							\$195.00
4.							\$195.00
	Total						\$
	Total Cheque Enclos	ed:					\$
	Please forward an in	pice in this amount to:					\$
	Name/Company Name:						
Mailing Address: City, Prov, Postal Code: Phone:							
Mastercard/Visa #			expiry date		CVV C	ode	\$
		ayable to Community Care Peterbo prefer to call Community Care office	_	call Al	icia at (7	05)775-3083, ext. 2	224
	Any special die	tary needs please let us know prior	to tournament:				