

Annual "Golf Fore Care" Tournament at Wildfire Golf

Golfer Registration Form

To Register: a. Mail: Community Care (Apsley office) or Community Care (Lakefield office) Box 303, 126 Burleigh St. Apsley, On K0L 1A0 b. Email: kbryck@commcareptbo.org Community Care (Lakefield office) Box 001, 40 Rabbit St. Lakefield, On K0L 2H0 Email: lrork@commcareptbo.org							
							Registration Fee
Golfer Name:			Address (For tax receipt purposes)		Phone #	Email:	\$250.00 per golfer
1.				,			\$250.00
2.							\$250.00
3.							\$250.00
4.							\$250.00
	Total	Total					\$
	Total (heque Enclo	closed:				\$
	Please forward an invoice in this amount to: Name/Company Name: Mailing Address:						\$
City, Prov, Postal Coo			ov, Postal Code:				
	Mastercard/Visa #				piry date CV	\$	
	edit Card Op	tion – if you		_	card number, call (705)65 ent:	6-4589 or (705)652	2-8655