



Dave Slade Memorial Golf Tournament

Monday, June 18, 2018

REGISTRATION FORM - Full address is necessary for tax receipt

1. (Captain) _____ Address: _____

Phone: _____ Email: _____

2. Name: _____ Address: _____

Phone: _____ Email: _____

3. Name: _____ Address: _____

Phone: _____ Email: _____

4. Name: _____ Address: _____

Phone: _____ Email: _____

Team Category Mens Womens Mixed Senior (over 60, combined age 260 or over)

Individual players will be assigned to teams by tournament organizers.

Golfer(s) _____ at \$200.00 \$_____ Includes dinner, golf cart, \$70 tax receipt

Dinner only _____ at \$75.00 \$_____ \$25 tax receipt

Dinner Guest name (s) : _____

Please mail registration and cheque made payable to Thornbury Clarksburg Rotary Club to:
Box 94, Clarksburg, ON N0H 1J0

or email steven_schofield@rogers.com

For info call Steve at 519-599-6605 / c. 705-446-8947

Visa Only Cardholders Name _____ Expiry _____

VISA Number _____ 3 digit code _____