



1st Annual Charity Golf Tournament

Thursday, August 5, 2010

7:45 am start (breakfast & registration begins 6:45 am)

Calgary Elks Golf Club

Golfer Registration Form

Golfer Information 1 \$195/player

Player Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Email:		

Golfer Information 2

Player Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Email:		

Golfer Information 3

Player Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Email:		

Golfer Information 4

Player Name:		
Address:		
City:	Province:	Postal Code:
Telephone:		
Email:		

Payment Method:

Cheque Enclosed for \$ _____

Payable to Calgary HandiBus Association

231 37 Ave NE

Calgary, AB T2E 8J2

VISA Total amount \$ _____

Cardholder's Name: _____

Card #: _____

Expiry Date: _____

Signature: _____

If you have any questions or concerns please contact:

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