

In Support of The



2017 GOLF TOURNAMENT

Friday June 9, 2017

8:30 AM Shotgun Start, Scramble Format

Registration 7:30 AM – 8:20 AM

\$ 150/Golfer

Registration Fee Includes:

18 Holes of Golf with Cart

Lunch

Morning Coffee & Nibbles

Prizes/Hole in One Contest

Tax Receipt provided for Portion of Registration Fee

Main Contact Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Postal Code:** _____

Email: _____

I wish to pay by: Cheque Credit Card **Type of Card:** _____

Card #: _____ **Expiry Date:** _____

Name (on card): _____ **Signature:** _____

Single Registration\$ 150

Team Registration\$ 600

Foursome Members (if applicable):

1. _____

2. _____

3. _____

4. _____

Please Mail Cheques & Registration To:

Port Hope & District Healthcare Foundation

P.O. Box 235, Port Hope, ON, L1A 3W3

For more information email: info@porthopefoundation.ca or call (905)-885-4835 Fax: (905)-885-6181