



# 2019 GOLFER REGISTRATION FORM

Early-bird deadline: Fri. June 14, 2019

The Bridge Hospice Golf Tournament ► Oakland Greens, Norwood  
Sat. July 13 ► Registration & lunch @ 10:30 am ► Noon Shotgun

PAYMENT INFORMATION	Early-Bird \$	Rec'd after June 14	No.	Total \$
Golfer Registration – includes golf cart, lunch & dinner	\$110/golfer	\$125/golfer		
Member, Oakland Greens – includes golf cart, lunch & dinner	\$ 85/golfer	\$100/golfer		
Non-Golfers who will be joining you for dinner	\$ 25/guest	\$25/guest		
Charitable donations to The Bridge Hospice				
<b>Payment Options:</b> Cash • Cheque payable to "The Bridge Hospice" • Visa • Mastercard • AMEX Payment transactions will be completed as received. No refunds after Fri. June 28, 2019.			<b>Total Payable ►</b>	

Mail or deliver registration forms with payment to: **The Bridge Hospice, Box 354, 137 Old Hastings Rd, Warkworth, ON K0K 3K0**

**GOLFER #1** FIRST & LAST NAME: \_\_\_\_\_

Mailing address (include PO Box or RR # if applicable) \_\_\_\_\_ City/town \_\_\_\_\_

Postal code \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ Email address \_\_\_\_\_

**Payment by:**  Cash  Cheque  Visa  Mastercard  AMEX

Cardholder name \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Additional donation to The Bridge Hospice

\_\_\_\_\_

*(tax receipt for \$20 or more):*

**GOLFER #2** FIRST & LAST NAME: \_\_\_\_\_

Mailing address (include PO Box or RR # if applicable) \_\_\_\_\_ City/town \_\_\_\_\_

Postal code \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ Email address \_\_\_\_\_

**Payment by:**  Cash  Cheque  Visa  Mastercard  AMEX

Cardholder name \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Additional donation to The Bridge Hospice

\_\_\_\_\_

*(tax receipt for \$20 or more):*

**GOLFER #3** FIRST & LAST NAME: \_\_\_\_\_

Mailing address (include PO Box or RR # if applicable) \_\_\_\_\_ City/town \_\_\_\_\_

Postal code \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ Email address \_\_\_\_\_

**Payment by:**  Cash  Cheque  Visa  Mastercard  AMEX

Cardholder name \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Additional donation to The Bridge Hospice

\_\_\_\_\_

*(tax receipt for \$20 or more):*

**GOLFER #4** FIRST & LAST NAME: \_\_\_\_\_

Mailing address (include PO Box or RR # if applicable) \_\_\_\_\_ City/town \_\_\_\_\_

Postal code \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ Email address \_\_\_\_\_

**Payment by:**  Cash  Cheque  Visa  Mastercard  AMEX

Cardholder name \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Additional donation to The Bridge Hospice

\_\_\_\_\_

*(tax receipt for \$20 or more):*