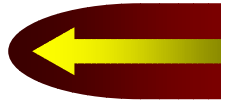


SGC1925



2011

Registration Form



Golf 4 Cancer

Saturday May 28, 2011

Player 1: _____ Player 2: _____

Address: _____ Address: _____

Town/City: _____ Town/City: _____

Postal Code: _____ Postal Code: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ **Email Address:** _____
(2012 Entry Forms will be emailed) (2012 Entry Forms will be emailed)

Player 3: _____ Player 4: _____

Address: _____ Address: _____

Town/City: _____ Town/City: _____

Postal Code: _____ Postal Code: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ **Email Address:** _____
(2012 Entry Forms will be emailed) (2012 Entry Forms will be emailed)

Please indicate in the boxes the number of players for each category:

[] Per Participants \$100

Payment Methods:

Visa # _____ Expiry _____

MC # _____ Expiry _____

Cheques: Please make payable to Saugeen Golf Club

**Note: Entries will not be accepted without payment.
Post dated cheques not accepted.**

Mailing Address
RR#2 Port Elgin, ON
N0H 2C6
Email Address
jeff@saugeengolf.com