

Wednesday September 2, 2009 (1:00 pm Shot-Gun Start)

Nottawasaga Inn & Resort - Ridge Course

Team Name: _____

Team Captain Name: _____ Company: _____

Address: _____ City: _____ Postal: _____

Email: _____ Phone: _____

Team	First Name	Last Name	Payment	Balance Due
Player #1				
Player #2				
Player #3				
Player #4				

Please Note: If you would like to enter the tournament individually, we will place you on a team.

Registration Fees

*\$145.00 per person, \$580.00 per team and includes:
18 holes of golf, cart, dinner and prizes, all gratuities and taxes*

Payment:

Enclosed is my cheque payable to:
Children's Aid Foundation of Simcoe County

MasterCard # or Visa #

Expiry Date _____

Name on the card: _____

Signature: _____

Please return registration form to:

Children's Aid Foundation of Simcoe County

Attention: Kimberly Carson

7 - 60 Bell Farm Rd., Barrie, Ontario L4M 5G6



Children's Aid Foundation of Simcoe County

Phone: 705-726-6587x2321 or 1-800-461-4236

Download your tournament registration form today!

www.childrensaidfoundation.com