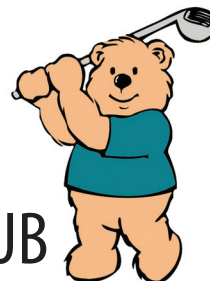




REGISTRATION FORM

TUESDAY, MAY 29, 2012
GLENDALE GOLF & COUNTRY CLUB



Name _____ M _____ F _____

Please circle your shirt size S M L XL

Handicap or average score _____

Address _____

City _____ Postal Code _____

Phone (Bus.) _____ Cell _____

Phone (Res.) _____ Fax _____

E-Mail _____

PAYMENT METHOD

Mastercard # _____ Exp. _____ / _____

Visa # _____ Exp. _____ / _____

REGISTRATION FEE (please choose one of the following):

Individual:	\$400	
Patron Level:	\$500	(includes event recognition and \$100 tax receipt)
Team:	\$1,600	
Patron Team	\$2,000	(4 tax receipts)

Power cart, valet service, raffle, contests, lunch and dinner are included in the registration fee

Makes cheques payable to:

Children's Hospital Foundation
c/o Gary Rozak
CE 501-840 Sherbrook Street
Winnipeg, MB R3A 1S1

OR

Fax your registration form with your
Visa or Mastercard # to
Gary Rozak at 787-4114

Please enclose registration fee to guarantee participation.