

10th Annual CHARITY GOLF TOURNAMENT

JUNE 3RD, 2024

REGISTRATION FORM

GOLF

	PRICE	QUANTITY	TOTAL
<input type="checkbox"/> FOURSOME	\$2,500.00	X	= \$ <small>(IF YOUR FOURSOME IS PART OF A SPONSORSHIP PACKAGE, SKIP THIS BOX)</small>
<input type="checkbox"/> INDIVIDUAL	\$625.00	X	= \$
<input type="checkbox"/> MILLION DOLLAR HOLE-IN-ONE SHOOT-OUT <small>(ONLY 25 SHOTS AVAILABLE)</small>	\$500.00/SHOT	X	= \$
<input type="checkbox"/> DONATION TO THE KATERI MEMORIAL FOUNDATION			= \$
TOTAL			= \$

PRIMARY CONTACT

BUSINESS NAME	
FIRST NAME	
LAST NAME	
PHONE NUMBER	
EMAIL ADDRESS	
MAILING ADDRESS (P.O.BOX, STREET ADDRESS)	
CITY, PROVINCE	
POSTAL CODE	

BILLING INFORMATION

- CHEQUE MADE OUT TO THE KATERI MEMORIAL FOUNDATION
 CREDIT CARD

CARD # _____ EXPIRY DATE (MM/YYYY) _____
SIGNATURE _____ CVC # _____

CREDIT CARD PAYMENTS CAN ALSO BE MADE TO THE KMF OVER THE PHONE: 450-633-0276

PLAYERS | MAXIMUM OF 2 "A" PLAYERS PER TEAM

PLAYER 1	
FIRST NAME	LAST NAME
TELEPHONE #	EMAIL
WILL THEY BE ATTENDING THE DINNER <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIRT SIZE

PLAYER 2	
FIRST NAME	LAST NAME
TELEPHONE #	EMAIL
WILL THEY BE ATTENDING THE DINNER <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIRT SIZE

PLAYER 3	
FIRST NAME	LAST NAME
TELEPHONE #	EMAIL
WILL THEY BE ATTENDING THE DINNER <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIRT SIZE

PLAYER 4	
FIRST NAME	LAST NAME
TELEPHONE #	EMAIL
WILL THEY BE ATTENDING THE DINNER <input type="checkbox"/> YES <input type="checkbox"/> NO	SHIRT SIZE

*All players must follow the Kanawake Dress Code



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KANAWAKI

www.kanawakegoil.com

RETURN THIS COMPLETED FORM:

- BY MAIL (PRE-ADDRESSED RETURN ENVELOPE)
- IN PERSON AT THE KATERI MEMORIAL FOUNDATION OFFICE
- OR BY EMAILING THE FORM TO INFO@KATERIFOUNDATION.CA