



REGISTRATION FORM: Friday July 20, 2018 @ Birchbank Golf

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Email: _____

Handicap: _____ If unknown, please estimate _____ or provide average score for 18 holes _____

Golf Entry: includes power cart, dinner & prizes: \$175/person
If you are registering your team, please list players below and indicate number of entries paid for.

\$175 x _____ = _____

Are you a Birchbank member who will be using a club-leased power cart? Y / N
Will you be using a privately owned power cart? Y / N If yes, who's cart? _____

Dinner Only: Yes, I would like to purchase dinner for a non-golfer: \$50/person
Name of Dinner Guest(s) _____

\$50 x _____ = _____

Payment:
Visa/MasterCard number: _____ - _____ - _____ - _____ exp. _____

Total Payment Enclosed: _____

Player Names on Team & Handicaps:

Player 1: _____ Handicap: _____ Email: _____

Player 2: _____ Handicap: _____ Email: _____

Player 3: _____ Handicap: _____ Email: _____

Player 4: _____ Handicap: _____ Email: _____

*Please return registration and payment to the KBRH Health Foundation

EVENT DAY SCHEDULE:

- *11 am: Registration Opens; Raffles, 50/50, Silent Auction begins
 - *1 pm: Shotgun Start
 - *6-6:30 pm: Dinner starts, followed by presentations, awards, draws, prizes 7 auction wrap up
- Note: there is no ATM at Birchbank