



**REGISTRATION FORM: Friday July 15, 2022 @ 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: \$190/person  
If you are registering your team, please list players below and indicate number of entries paid for.

**\$190 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, whose cart? \_\_\_\_\_

**Payment:**

Visa/MasterCard number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_ CVV: \_\_\_\_\_

Total Payment Enclosed: \_\_\_\_\_

**Player Names on Team & Handicaps:**

Player 1: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Player 2: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Player 3: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Player 4: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

\*If handicap is not known, please indicate your score for 9 or 18 holes & we will calculate it for you.

**\*Please return your registration and payment to the KBRH Health Foundation**

This event sells out quickly so please confirm your spot as soon as possible!

Fax: 250-364-5138 in your form

Call in Your Payment by Phone: 250-364-3424

Email: [KBHFoundationFinance@interiorhealth.ca](mailto:KBHFoundationFinance@interiorhealth.ca)

**EVENT DAY SCHEDULE:** (Note: this event is starting 2 hours earlier than prior years)

\*9 am: Registration Opens; Raffle, 50/50, Silent Auction begins (there is no ATM on site)

\*11 am: Shotgun Start

\*Dinner, presentations, awards and prizes to follow

1200 Hospital Bench, Trail, BC V1R 4M1 • Phone: 250.364.3424 • Fax: 250.364.5138

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Charitable Registration #: 89312 3034 RR0001 • Society #: S-23211