

Campbellford Memorial Hospital Foundation Golf Classic
~ Presented by HTM Insurance Company ~
Wednesday, June 18, 2014 @ 1 p.m.
Pine Ridge Golf & Country Club
Player Registration Form

Name: _____

Mailing Address: _____

Home Phone:	Business Phone:	Fax Number:	Email Address:
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We will set our own foursome – here are the names of other golfers:

1. _____ Address: _____

2. _____ Address: _____

3. _____ Address: _____

I am on my own; please set me up with a team at the event.

I would like to purchase a **Dinner Only** ticket for \$30.

Name of **Dinner Only** Guest _____

Payment (\$110 per golfer or \$30 per person for Dinner Only):

Cheque enclosed

Visa# _____

Master Card# _____

Expiry Date _____ Amount _____

***For information, please call Catherine Holt directly at 705-653-1140 Ext. 2104
or email cholt@cmh.ca***

Do not delay, please fax your registration **as soon as possible** to (705) 653-3430 or return by mail (stamped envelope provided) to:

Campbellford Memorial Hospital Foundation
146 Oliver Road
Campbellford, ON K0L 1L0