

# Golfer Registration Form

Registration Fee \$400 per golfer. | Includes: golf & cart, lunch, post tournament reception, prizes and more!  
The following information is required for tournament purposes



## Golfer 1

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap (Max 36): \_\_\_\_\_

## Golfer 2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap (Max 36): \_\_\_\_\_

## Golfer 3

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap (Max 36): \_\_\_\_\_

## Golfer 4

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap (Max 36): \_\_\_\_\_

## Payment Options

Visa    MasterCard    AMEX    Cheque\*

\*Please make all cheques payable to Covenant Foundation and note 2017 EAW.

Credit Card #: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Payment Amount Authorized: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please Complete & Return by July 3, 2017

Mail to:  
Covenant Foundation  
Room 3C60 11111 Jasper Ave NW  
Edmonton, AB T5K 0L4

Or:      Email: [mickey.melnyk@covenanthealth.ca](mailto:mickey.melnyk@covenanthealth.ca)  
Phone: 780-342-8664  
Fax: 780-342-8195  
[www.covenantfoundation.ca](http://www.covenantfoundation.ca)

## Tournament Details

Monday, August 21, 2017 | Edmonton Country Club  
Registration: 11 a.m. | Shotgun Start: 1 p.m. | Reception: 6:30 p.m.

