



sponsored by PACE Credit Union

2009 Registration Form

Name: _____

Mailing Address: _____

_____ Ontario _____

Phone: _____ Email: _____

Player Fee @ \$200* per player _____ x \$200* _____

Hole Sponsor-Name: _____ \$100 _____

Dinner Only@ \$45/person- _____ x \$ 45 _____

TOTAL FEE _____

EVENT ENTERED (circle one) 5 Team Scramble 5 Team Best Ball (play own ball)

* \$50/player tax receipt request (circle one) 5 Yes 5 No

Player's Names

1. _____

2. _____

3. _____

4. _____

METHOD OF PAYMENT (please check one):

5 Cheque payable to PACE Credit Union Special Event

5 Credit Card- Name on Card: _____

_____ Expiry Date: _____

By FAX: 416-730-1238 or mail your cheque with completed Registration Form to:

PACE Charity Golf Classic

8111 Jane St., Suite #1

Vaughan, ON, L4K 4L7

Event Coordinator: Lolly Gillen 905-738-8900 x 2296