

Registration Form

2018 QCR Golf Tournament, Cobourg

Golfer 1

Name: _____
Company/Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Email: _____

Payment to C.M.H.A. H.K.P.R.:

Method: Cheque Visa Master Card AMEX
Card Number: _____
Amount: _____ Expiry: _____
Name (as it appears on the card): _____

Golfer 2

Name: _____
Company/Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Email: _____

Payment to C.M.H.A. H.K.P.R.:

Method: Cheque Visa Master Card AMEX
Card Number: _____
Amount: _____ Expiry: _____
Name (as it appears on the card): _____

Golfer 3

Name: _____
Company/Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Email: _____

Payment to C.M.H.A. H.K.P.R.:

Method: Cheque Visa Master Card AMEX
Card Number: _____
Amount: _____ Expiry: _____
Name (as it appears on the card): _____

Golfer 4

Name: _____
Company/Organization: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____ Email: _____

Payment to C.M.H.A. H.K.P.R.:

Method: Cheque Visa Master Card AMEX
Card Number: _____
Amount: _____ Expiry: _____
Name (as it appears on the card): _____

Please send registration form and payment by September 14, 2018 to:
Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge
Attention: QCR Golf Tournament, 415 Water Street, Peterborough, ON K9H 3L9
Tel: (705) 748-6687 extension 1015 Fax: (705) 748-4078 Email: jveitch@cmhahkpr.ca



Canadian Mental
Health Association
Haliburton, Kawartha, Pine Ridge
Mental health for all

