

Registration Form

2020 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): _____

