

# Registration Form

# 2022 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: \_\_\_\_\_ CVV: \_\_\_\_\_

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: \_\_\_\_\_ CVV: \_\_\_\_\_

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: \_\_\_\_\_ CVV: \_\_\_\_\_

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: \_\_\_\_\_ CVV: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

\_\_\_\_\_

Please send registration form and payment by September 16, 2022 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 1004 Email: cmcintosh@cmhahkpr.ca



Canadian Mental  
Health Association

Haliburton, Kawartha, Pine Ridge  
Mental health for all

