



Heritage Golf Classic 2018 | **Registration Information**

Contact Person

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Billing & Payment Information

Before August 15

After August 15

Individual Golfer \$300 \$350 X _____ = _____

Team of 4 Golfers \$1200 \$1400 X _____ = _____

My cheque enclosed for _____ and made payable to Sturgeon Community Hospital Foundation

Please charge \$ _____ to my VISA MasterCard

Card #: _____ Name of card holder: _____

Expiry: _____

Player Information

PLAYER #1 Name: _____

E-mail: _____ Handicap/average score _____

PLAYER #2 Name: _____ Company: _____

E-mail: _____ Handicap/average score _____

PLAYER #3 Name: _____ Company: _____

E-mail: _____ Handicap/average score _____

PLAYER #4 Name: _____ Company: _____

E-mail: _____ Handicap/average score _____

Return by e-mail to Barb.Hodge@ahs.ca or fax to 780-418-7406