



RBC Wealth Management  
Dominion Securities

presents the **17<sup>th</sup> Annual**  
**Heritage**  
**GOLF CLASSIC**

**Glendale Golf & Country Club**  
12410 199 St NW, Edmonton

**Thursday, September 13, 2018**

**Registration: 7:30 a.m.**  
**Shotgun start: 8:30 a.m.**  
**Format: Shamble**

The 17th Annual Heritage Golf Classic supports the Sturgeon Community Hospital Foundation and the St. Albert Community Foundation. Together, our Foundations continually strive to meet the ever-increasing need of our community.

**To register, please contact**

**Barb Hodge at the Sturgeon Community Hospital Foundation**

**780-418-7361 or e-mail: Barb.Hodge@ahs.ca**

**Online registration available at**  
**[www.sturgeonhospitalfoundation.org](http://www.sturgeonhospitalfoundation.org)**

**Register Now  
and SAVE!**

**ENTRY FEE:**

.....  
**Individual Golfer**  
**BEFORE August 15 • \$300**  
**AFTER August 15 • \$350**  
.....

**Team of 4 Golfers**  
**BEFORE August 15 • \$1200**  
**AFTER August 15 • \$1400**  
.....

**FEE INCLUDES**

- Registration Gift
- Hospitality Holes
- Fabulous Prizes
- Raffles and Mulligans
- Hole in One Prize Chances
- Longest Drive Men & Women
- Closest to the Pin Men & Women
- Longest Putt Men & Women
- Continental Breakfast
- Steak BBQ





# 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