

APPLICATION FORM

15th Annual Over \$575,000 Raised to Date

NAME:	COMPANY NAME:				
STREET ADDRESS:					
CITY: PROVIN	CE POSTAL CODE				
WORK PHONE:	FAX:				
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CELL:	E-MAIL				
PAYMENT INFORMATION					
 Teams of 4 are \$1,600 					
• Single Entry \$500					
 We welcome your payment by cheque, debit, cash or 					
credit card. (Visa, MasterCard, American Express)					
By Cheque: Number of Golf Sp	ots: @ \$ =				
(\$500.00 each + \$70	D.00 HST)				
Team Entry \$182 (\$1600.00 + \$224 HS					
Do you require an invoice? YES	NO				

Payment by Credit Ca	ard:			
MasterCard Vi	sa	Amex		
# on Card:		Exp. Date:		
No	Refun	ds - Ra	rin or Shine	
GOLFING INFORMATION				
Golfers of all abilities scoring system, a Spec				_
maximum handicap of 18		ocialible s	scoring format is u	seu requiring a
YOUR HANDICAP IS: (max 18)				18)
Please indica	te your ot	her 3 team r	nembers: (if applica	ble):
1			Handicap	(max 18)
2			Handicap	(max 18)
3			Handicap	(max 18)
3			Handidap	(max 10)
Rental Clubs Required?	Yes	No	Men's W	omen's
Rental fees are additional and	payable to t	he clubhouse	before tee off.	
Yes, I would like to support Au	ıction and/o	or Prize Table,	please contact me.	
Return completed ap	olication for	rm to:		
	200, 5121 Sa	,	ciation, Halifax, NS B3J 1S1 reached at 902-422-447	' 1

A Helping Hand for Helping Hands!