



# LBMAO EASTERN DISTRICT *ANNUAL GOLF TOURNAMENT & DINNER*

Wednesday, May 26, 2010

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**LOCATION:** Smuggler's Glen Golf Course  
(PO Box 10, 1000 Islands Parkway, Gananoque ON)

**TIME:** Shotgun Start – 1:00 pm, Registration – 12:00 pm  
Don't forget to arrive early for the *BBQ lunch!*

**COST:** Golf, Lunch, Dinner, Power Cart: \$135.00  
Price includes GST (GST #R105225775)



**SPECIAL NOTES:**

- 1. PRIZES:** To ensure that everyone receives a prize, we request that all golfers bring a prize. Please bring something that you would choose for yourself.
- 2. Sponsorship of holes @ \$100.00 per hole** or other "value added" features are invited and encouraged ie: (Closest to the pin, etc). Contact Bob Lockwood, Lockwood RONA Building Centre, (613) 432-4809 for details.
- 3. Please visit the Smuggler's Glen website at <http://smugglersglen.com> for accommodations, directions and course information.**
- 4. Alcoholic beverages are available on the course, but NO COOLERS ARE PERMITTED. Dress code in effect. Soft spikes mandatory!!!**
- 5. EVERY REGISTRATION AUTOMATICALLY GIVES YOU A CHANCE TO WIN A \$2000 TRAVEL VOUCHER!! (\$10.00 will be donated to the LBMAO Student Achievement Award Program)**

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**TO REGISTER:** Please fill in and return this form accompanied by method of payment to the LBMAO office by May 10, 2010 at: **5155 Spectrum Way, Unit 27, Mississauga, ON L4W 5A1 Phone: (905) 625-1084, TF (888) 365-2626, Fax: (905) 625-3006.** Please make cheque payable to the LBMAO.

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Team Information:**

Name & Company

_____	Golf & Dinner <input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

**Payment Information:** Cheque  VISA  Master Card

Enclosed please find payment in the amount of \$\_\_\_\_\_ covering \_\_\_\_\_ persons.

Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Holder e-mail for credit card receipt \_\_\_\_\_