



# LBMAO NIAGARA PENINSULA DISTRICT ANNUAL GOLF TOURNAMENT & DINNER

Monday, June 7, 2010



## ATTENTION: SALES REPS & RETAILERS

**LOCATION:** Peninsula Lakes Golf Club (569 Hwy 20 West, Fenwick, ON L0S 1C0).

**DRESS CODE IN EFFECT; SOFT SPIKE RULE STRICTLY ENFORCED.**

**TIME:** Lunch: 11:30-12:30; Shotgun Start at 1:00 pm; Dinner: 7:00 pm

**COST:** Golf, Lunch, Dinner, Power Cart: (GST Included) \$135.00

Meals Only (GST Included) \$45.00

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 i.e. – Closest to the pin, etc. Contact Frank Danch, Frank's Home Building Centre, (905) 834-4913 for details.
3. Alcoholic beverages are available on the course, but **NO COOLERS ARE PERMITTED.**
4. **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)

**TO REGISTER:** Please fill in and return this form accompanied by method of payment to the LBMAO office by May 19, 2010 at: **5155 Spectrum Way, Unit 27, Mississauga, ON L4W 5A1, Phone: (905) 625-1084, Toll Free: (888) 365-2626, Fax: (905) 625-3006.** Please make cheque payable to: LBMAO.

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

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

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

### **Team Information:**

Name & Company

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Golf & Meals      Meals Only

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Payment Information:** Cheque       VISA       MasterCard

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

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

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

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