



# LBMAO LAKE HURON DISTRICT

## ***ANNUAL GOLF TOURNAMENT & DINNER***

Thursday, June 24, 2010

### ATTENTION: SALES REPS & RETAILERS

**LOCATION:** Owen Sound Golf & Country Club West Shore Road,  
 Owen Sound (North on #6 Highway to 10<sup>th</sup> Street, turn left (west) to 2<sup>nd</sup>  
 Avenue West, turn right (north) and proceed approximately 5 km. Golf Course is  
 on the left hand side). **DRESS CODE IN EFFECT.**



**TIME:** Shotgun Start – 1:00 pm - \*\*\* Golfers must register between 11:00 am &  
 12:30 pm - Don't forget to arrive early for the lunch buffet!

**COST:** Golf, Lunch & Dinner, Power Cart: \$135.00 *Prices include GST (#R105225775)*  
 Meals Only \$ 55.00

### **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 Harvey de Leeuw at TIM-BR Mart – Kincardine, (519) 396-3355 for details.
3. **FORMAT:** Texas Scramble Format. Further details will be available at registration.
4. Alcoholic beverages are available on the course, but **NO COOLERS ARE PERMITTED.**
5. **Dress code in effect. Soft spikes mandatory!!!**
6. **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 June 2, 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 & 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 \_\_\_\_\_