



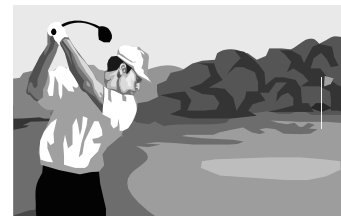
LBMAO NORTHERN DISTRICT ANNUAL GOLF TOURNAMENT & DINNER

Thursday, July 15, 2010

LOCATION: Lively Golf & Country Club (West on Sudbury SW bypass towards Sault Ste. Marie. Travel 8 km to Walden exit. Go west 1km to 1st set of lights. Turn north into town, travel 1 km to 6th Ave. Turn right to 5-way stop. Veer left, proceed 1.5 km to last property on right).
DRESS CODE IN EFFECT.

TIME: Registration 11:30 am; tee off 12:30 SHOTGUN START.

COST: Golf, Lunch & Dinner, Power Cart: (HST Included) \$145.30
Meals Only (HST Included) \$ 45.20
HST (#R105225775)



SPECIAL NOTES:

- 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.
Sponsorship of holes @ \$100.00 per hole or other "value added" features are invited and encouraged ie. – Closest to the pin, etc. Contact Barb Schering, Sturgeon Builder's Supplies Ltd.,(705) 753-0810 for details.
- Golf Carts are limited!* – Please Register Early to Avoid Disappointment!
- Alcoholic beverages are available on the course, but NO COOLERS ARE PERMITTED.
- Dress code in effect. Soft spikes mandatory!!!**
- 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 30, 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 _____