



**LBMAO MUSKOKA & GEORGIAN BAY DISTRICT  
ANNUAL GOLF TOURNAMENT & DINNER  
Wednesday, August 18, 2010**

**ATTENTION: SALES REPS & RETAILERS**

**LOCATION:** Horseshoe Valley Golf & Resort (Located at 1101 Horseshoe Valley Road)

**TIME:** Registration: 11:00 am, Shotgun Start at 1:00 pm  
*Don't forget to come early for lunch!*

**COST:** Golf, Lunch, Dinner, Power Cart: (HST Included) \$145.30  
Meals Only (HST Included) \$48.50  
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 Ken Forbes, Orillia Trim & Dorr Ltd., (705) 329-1084 for details.
- Scramble Format; DRESS CODE IN EFFECT.**
- 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 August 4, 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: 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.

**If Paying By VISA / MasterCard:**

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

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

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