



LBMAO SOUTHWESTERN DISTRICT ANNUAL GOLF TOURNAMENT & DINNER

Thursday, September 2, 2010

LOCATION: Sawmill Creek Golf Resort

(3790 Lakeshore Road, Camlachie, Ontario, N0N 1E0)

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: \$145.30
Price includes HST (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 i.e. – Closest to the pin, etc. Contact Bobbie Mitchell, Watson TIM-BR Mart, (519) 845-3321 for details.
- Please visit the Sawmill Creek Golf Resort website at: <http://www.sawmill-creek.com> for accommodations, directions and course information. **Additional accommodations will also be available at the Harbourfront Inn.** Just mention that you are in town for a golf tournament at Sawmill Creek and they will offer you room rates at \$83/night for a single queen bed or \$88/night for 2 queen beds. **A shuttle bus service will be made available from the hotel to the golf course, and return after dinner.**
- 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 17, 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.

If Paying By Credit Card:

Card #: _____ Expiry: _____
 Card Holder Name: _____ Signature: _____
 Card Holder e-mail for credit card receipt _____