



# LBMAO TORONTO REGION DISTRICT ANNUAL GOLF TOURNAMENT & DINNER

Tuesday, September 28, 2010

**LOCATION:** Cardinal Golf Club

2740 Highway #9, Kettleby, ON. Tel: (905) 841-7378

FORMAT: Team Scramble

**TIME:** Registration: 10:00 am – 11:00 pm

Shotgun tee time: 12:00 (noon) SHARP!!

Please come early! - BBQ Lunch will be provided

Dinner: Approx. 6:00 pm, Cash Bar

**COST:** Golf, Meals, Power Cart: \$145.30

Meals Only \$ 53.80

**\*HST INCLUDED (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 Russ Barfitt, Aurora Home Hardware Building Centre, (905) 727-4751 for details.
- Closest to the Pin – Win a surprise gift!
- 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 September 14, 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 cheques 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 \_\_\_\_\_