



Golf Classic

Registration



Cancer Assistance PROGRAM

Business Name: _____
 Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____

SPONSORSHIP

- Presenting Sponsor - \$6,500 (4 golfers)
 - Lunch Sponsor - \$3,000 (4 dinner tickets)
 - Beverage Cart Sponsor - \$1,500 (2 dinner tickets)
 - Hole Sponsor - \$300
 - Dinner Sponsor - \$5,000 (4 golfers)
 - Gift Sponsor - \$2,000 (2 dinner tickets)
 - Golf Cart Sponsor - \$1,500 (2 dinner tickets)
- *Note that sponsorships do not qualify for tax receipts*

GOLFER REGISTRATION

Number of Golfers - _____ @ \$200 each (tax receipts of \$45 will be provided upon request)

1. Name: _____ Please issue me a tax receipt
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____

2. Name: _____ Please issue me a tax receipt
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____

3. Name: _____ Please issue me a tax receipt
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____

4. Name: _____ Please issue me a tax receipt
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____

I would like to purchase _____ **DINNER TICKETS** @ \$60 each (golfer registration fee includes dinner)

I would like to donate an item for the **AUCTION/RAFFLE:** _____ Value: \$ _____

Can't attend? Please consider a one-time **DONATION:** \$ _____ Please issue a tax receipt for full amount

PAYMENT

Total payment of \$ _____ by: Cheque (payable to Cancer Assistance Program) VISA Mastercard
 Name on Card: _____ Card Number: _____
 Expiry Date: _____ / _____ CSV Number: _____ Signature: _____

Please contact Ashlee at 905-383-9797 x107 or send form via email to aleggett@cancerassist.ca or via mail to Cancer Assistance Program, 555 Concession Street, Hamilton, ON L8V 1A8