



KBRH Health Foundation Golf Classic

supporting the
Endoscopy Campaign



Friday July 21, 2017 @ Birchbank

Registration Form:

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Email Address: _____

Golf Ability (circle one) Novice Intermediate Sub-15 handicap

Handicap: _____ If unknown, please estimate or provide your average score for 18 holes _____

Entry Fee per person: (please indicate) No cart required \$125 _____
With power cart rental (sharing) \$160 _____

Are you a Birchbank member who will be using a club-leased power cart? Y / N

Will you be using a privately owned power cart? Y / N If yes, who's cart? _____

Payment Enclosed Total _____

Visa/MasterCard number: _____ - _____ - _____ - _____ exp. _____

If applicable, please submit names of any and all partners in your four-some:
(at least 2 players on each team should be experienced golfers)

Player Names on Team & Handicaps:

We are expecting a full field. Sign up soon and join the fun!

****Note: No ATM is available onsite at Birchbank Golf.**

Registration & payment accepted at:

**KBRH Health Foundation
1200 Hospital Bench
Trail, BC V1R 4M1
Tel 250.364.3424 Fax 250.364.5138**

