



REGISTRATION FORM: Friday September 10, 2021 @ Birchbank Golf

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Email: _____

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

Golf Entry: includes 18 holes of golf, power cart, meal service & prizes: \$180/person
If you are registering your team, please list players below and indicate number of entries paid for.

\$180 x _____ = _____

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, whose cart? _____

Payment:

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

Total Payment Enclosed: _____

Player Names on Team & Handicaps:

Player 1: _____ Handicap: _____ Email: _____

Player 2: _____ Handicap: _____ Email: _____

Player 3: _____ Handicap: _____ Email: _____

Player 4: _____ Handicap: _____ Email: _____

*Please return registration and payment to the KBRH Health Foundation
Fax: 250-364-5138 in your form, Call in Your Payment by Phone: 250-364-3424

EVENT DAY SCHEDULE:

*Further details will be provided closer to the event as we consider COVID-19 protocols and Provincial Health Orders. Please hold September 10, 2021 as a day to support healthcare in our communities!