



REGISTRATION FORM: Friday July 19, 2019 @ Birchbank Golf

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Email: _____

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

Golf Entry: includes power cart, dinner & 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? _____

Dinner Only: Yes, I would like to purchase dinner for a non-golfer: \$50/person

Name of Dinner Guest(s) _____

\$50 x _____ = _____

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

EVENT DAY SCHEDULE:

*11 am: Registration Opens; Raffle, 50/50, Silent Auction begins (please note there is no ATM on site)

*1 pm: Shotgun Start

*6-6:30 pm: Dinner, presentations, prize draws and winners announced