

Golfer Registration

Golfer #1, Cart A

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Club Rentals: No Yes RH LH

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Golfer #2, Cart A

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Club Rentals: No Yes RH LH

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Golfer #3, Cart B

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Club Rentals: No Yes RH LH

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Golfer #4, Cart B

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____ Phone: _____

Email: _____

Club Rentals: No Yes RH LH

Dietary Restrictions: _____

Please keep me informed about West Park Healthcare Centre and Foundation events

Please return form to West Park Healthcare Centre Foundation:

82 Buttonwood Avenue, Toronto, ON M6M 2J5

Tel: 416-243-3600 ext. 4428

Fax: 416-243-8523

Email: events@westpark.org

westpark.org

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