THURSDAY, JUNE 15, 2017 CRANDALL UNIVERSITY 13th ANNUAL GOLF CLASSIC AT ROYAL OAKS



REGISTRATION FORM

Return your completed form to:

Crandall University Box 6004 Moncton, NB E1C 9L7

Space is limited. Your spot is guaranteed only with the receipt of payment by June 1, 2017. No refunds for cancellations received after June 1, 2017. However, registration is transferable if requested in writing via email or fax.

Check One:

I will be part of a foursome. My teammates are listed below.

Please place me in a team of four

Golfer #1			
Name:	Organizat	ion (for corporate team)	:
Address (for tax receipt):			
Email :		Phone: _(_)
Golfer #2			
Name:	Organization (for corporate team):		
Address (for tax receipt):			
Email :		Phone: _(_)
Golfer #3			
Name:	Organization (for corporate team):		
Address (for tax receipt):			
Email :		Phone: _(_)
Golfer #4			
Name:	Organization (for corporate team):		
Address (for tax receipt):			
Email:		Phone: _(_)
Payment Method			
Number of Golfers:	Total Amount Paid: \$200	\$400 \$600	\$800
Contact Name:			
Contact Number:()	Contact	Email:	
Cheque (Made out to C	randall University with "Golf Classic" included	in the memo)	
Mastercard #:		Exp/	
	Jan Jan Jan		
Cardholder Name:		Cardholder Signature:	