

FISHER'S FOODLAND
14th Annual
GOLF
FOR
HEALTH
Tournament

July 13, 2010
Dalewood Golf & Curling Club

Player Registration Form

Name: _____

Mailing Address: _____

Home Phone:	Business Phone:	Fax Number:	Email Address:
-------------	-----------------	-------------	----------------

We will set our own foursome – here are the names of all of the golfers:

1. _____ Email Address: _____
2. _____ Email Address: _____
3. _____ Email Address: _____
4. _____ Email Address: _____

I am on my own; please set me up with a team at the event.

I would like to purchase a **Dinner Only** ticket for \$50.

Name of **Dinner Only** Guest _____

Payment (\$175 per golfer/\$50 per person for Dinner Only):

Cheque

Visa# _____

Master Card# _____

Expiry Date _____ Amount _____

For information, please call 905-372-6811, ext. 3065
jrussell@nhh.ca

Do not delay, please fax your registration as **soon as possible** (905) 373-6936 or return by mail to:

Northumberland Hills Hospital Foundation
1000 DePalma Drive
Cobourg, ON K9A 5W6

Privacy Statement

The Northumberland Hills Hospital Foundation respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing list. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the Northumberland Hills Hospital and Foundation, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at (905) 377-7767 or via e-mail at rcunningham@nhh.ca and we will accommodate your request.