

FISHER'S **FOODLAND**

17th Annual  
**GOLF  
FOR  
HEALTH**  
Tournament

**FINAL YEAR!!**



**Wednesday, July 17<sup>th</sup>, 2013**

**Dalewood Golf Club**

**Player Registration**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

<u>Home Phone:</u>	<u>Business Phone:</u>	<u>Fax Number:</u>	<u>Email Address:</u>

☐ We will set our own foursome—here are the names of **all of the golfers:**

1. \_\_\_\_\_ Email Address: \_\_\_\_\_ Beef ☐ Salmon ☐

2. \_\_\_\_\_ Email Address: \_\_\_\_\_ Beef ☐ Salmon ☐

3. \_\_\_\_\_ Email Address: \_\_\_\_\_ Beef ☐ Salmon ☐

4. \_\_\_\_\_ Email Address: \_\_\_\_\_ Beef ☐ Salmon ☐

☐ 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: \_\_\_\_\_ Beef ☐ Salmon ☐

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**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. 3068 or [abarrie@nhh.ca](mailto:abarrie@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**

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