



**JODY SHELLEY'S
GOLF
FORE
HEALTH**

REGISTRATION FORM

(2018 Registration Deadline – May 31, 2018)

JODY SHELLEY'S GOLF FORE HEALTH

2018 Date to follow

RIVER HILLS GOLF & COUNTRY CLUB

www.riverhillsgolf.ca

COMPANY / TEAM NAME: _____

ADDRESS: _____

TELEPHONE: _____ **FAX / E-MAIL:** _____

Golf Registration: 4 Person Team

CAPTAIN **NAME:** _____ Male Female
Shirt Size: XXL XL Large Medium Small

PLAYER 2 **NAME:** _____ Male Female
Shirt Size: XXL XL Large Medium Small

PLAYER 3 **NAME:** _____ Male Female
Shirt Size: XXL XL Large Medium Small

PLAYER 4 **NAME:** _____ Male Female
Shirt Size: XXL XL Large Medium Small

Sponsorship level (check one)

Platinum - \$5000 **Gold - \$3500** **Silver - \$2500** **Elite Hole - \$1200** **Team - \$1,000**

Payment is required to guarantee entry

Regretfully, we are unable to attend. Please accept our donation of \$_____

Cheque (Make cheque payable to Yarmouth Hospital Foundation)

Visa **MasterCard** **Amex**

Card # _____ **Exp Date** _____ **CSC Code** _____

Print Name: _____ **Signature:** _____

PLEASE SEND REGISTRATION FORM AND PAYMENT TO:

Yarmouth Hospital Foundation
P O Box 7, Yarmouth NS B5A 4B1 902-749-1669
mary.surette@nshealth.ca

or

Fax registration form to: (902) 749-0748