

# CANADIAN MENTAL HEALTH ASSOCIATION **FALL GOLF CLASSIC**

## REGISTRATION FORM

**SATURDAY SEPTEMBER 29<sup>TH</sup>, 2018**

**SHOT GUN 1:00 FUN TEAM SCRAMBLE FORMAT!!**

**WINDERMERE GOLF AND COUNTRY CLUB, LAKE ROSSEAU**

**\$125 Entry Fee Includes:**

**\*18 Holes of Golf with power cart, and fabulous dinner at the Beautiful  
Windermere Golf and Country Club!**

**\*Amazing contests and prizes \* Trophy presentation at dinner \*Incredible Silent Auction Items!**

### **Required Information:**

**Player 1:** \_\_\_\_\_ **Player 2:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Player 3:** \_\_\_\_\_ **Player 4:** \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**If you do not have a team but want to play, please don't hesitate!! Fill out above information  
and we will match up players accordingly!**

**Deadline for registration is August 15th, 2018.**

**Prizes and Donations gratefully appreciated. Please see attached forms.**

Dietary Requirements/Allergies: \_\_\_\_\_

## Payment Method

☐ Please charge my credit card

We accept:



Credit card of choice: \_\_\_\_\_ Amount: \_\_\_\_\_ (individual or team payment)

Cardholders Name (Please Print): \_\_\_\_\_

Card #: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ CCV: \_\_\_\_\_

Cardholder's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

☐ My cheque is enclosed (payable to CMHAMPS)

**Please send completed form along with payment to:**

**CMHAMPS**

173 Manitoba Street

Suite 202

Bracebridge, ON P1L 1S3

Or

Fax: 705-645-7473

Questions: Jackie Vincent [jvincent@cmhamps.ca](mailto:jvincent@cmhamps.ca) 705-645-2262 ext. 1289

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