

Join us for
THE DEANO GOLF TOURNAMENT
FRIDAY, AUGUST 20TH, 2010

UNIVERSITY GOLF CLUB 5185 UNIVERSITY BLVD, VANCOUVER, BC



TOURNAMENT REGISTRATION FORM

Contact Name: _____ Company: _____
 Phone: _____ Cell: _____
 Fax: _____ Email: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

THE NAMES DO NOT HAVE TO BE PROVIDED TO REGISTER

Golfer 1 Name _____ Phone _____ Email _____ Dinner Guest _____ (if applicable)	Golfer 2 Name _____ Phone _____ Email _____ Dinner Guest _____ (if applicable)
Golfer 3 Name _____ Phone _____ Email _____ Dinner Guest _____ (if applicable)	Golfer 4 Name _____ Phone _____ Email _____ Dinner Guest _____ (if applicable)

Dinner Only Guest(s) _____

ENTRY FEES	Foursome (includes dinner):	\$792
	Individual Entry (includes dinner):	\$198
	Dinner only:	\$80
	Donation:	\$ _____
	Total Enclosed:	\$ _____

Fees include taxes and gratuity.

A charitable donations receipt will be issued for a portion of the entry fee.

Proceeds from the tournament will go towards patient services which includes equipment loan and transportation programs through the ALS Society to provide the best quality of life possible living with ALS.

PLEASE MAKE CHEQUES PAYABLE TO:

ALS SOCIETY OF BC

#208 - 1600 W 6TH AVENUE

VANCOUVER, BC V6J 1R3

EMAIL: WENDY@ALSBC.CA

PH: 604.685.0737

FAX: 604.685.0725

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Name on Card: _____		
Card #: _____		Expiry: _____
Signature: _____		
Tax Receipt to: _____		

COMPLETED FORMS ARE TO BE FAXED TO THE ALS SOCIETY OF BC: 604-685-0725