2008 Hill House Hospice Charity Golf Registration Form

Yes, please register me / my foursome

Individual	**$150.00**	**x**	**_____**	**=**	**_____**
Foursome	**$580.00**	**x**	**_____**	**=**	**_____**
Dinner only	**$ 75.00**	**x**	**_____**	**=**	**_____**

I would like to sponsor a hole

Hole Sponsor	**$500.00**	**x**	**_____**	**=**	**_____**
	Total Owing			**$**	**_____**

Names of All Golfers: **Email address:**

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

CONTACT NAME & PHONE

_____

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Payment (must be received by May 30th)

Cheque enclosed (payable to Hill House Hospice) **Visa** **Mastercard**

Card Holder Name _____

Card Number _____ **Expiry** _____

Please mail to Hill House Hospice 36 Wright St. Richmond Hill L4C 1S7
Or email info@hillhousehospice.com
Or fax 905-737-4807

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