

**ROD DEMOLINE GOLF TOURNAMENT  
TEAM REGISTRATION FORM**  
September 13, 2017 at Granite Hills Golf Course  
\$90.00 per golfer or \$360.00 per team of 4 golfers

Player 1 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Player 2 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Player 3 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Player 4 Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Office Use Only**

Cash  
 Cheque  
 Receipt Issued

Cash  
 Cheque  
 Receipt Issued

Cash  
 Cheque  
 Receipt Issued

Cash  
 Cheque  
 Receipt Issued

**TAX RECEIPT INFORMATION**

Please make the tax receipt to (check one):

Company Sponsor \_\_\_\_\_  
\_\_\_\_\_  
(Company Name and Mailing Address)

Individuals as listed above

**Mail or drop off your team form and payment to:**  
**Lac du Bonnet Community Centre**  
**c/o Kim Buhay, Administrator**  
**25 McArthur Avenue, Box 2040, Lac du Bonnet, MB, R0E 1A0**  
**Ph: 204-345-6737, Fax: 345-6212, Email: [ldbcentre@gmail.com](mailto:ldbcentre@gmail.com)**

*Please make cheques payable to the Lac du Bonnet Community Centre*

**Thank you for your support!**