

# Golfer Registration Form

Golfer #1 Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Golfer #2 Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Golfer #3 Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Golfer #4 Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**\*Please provide contact information for each team member\***

Number of Golfers \_\_\_\_\_ @ \$200.00 each \$ \_\_\_\_\_

- Cheque Enclosed
- MasterCard
- VISA
- Please Invoice Me

Credit Card #: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Please Make Cheques Payable to: **Canadian Paraplegic Association (Alberta)**



Please return completed forms to: Canadian Paraplegic Association (Alberta)

103 - 4719 48 Avenue

Red Deer AB T4N 3T1

Phone: (403) 341-5060

Fax: (403) 343-1630

Email: [golfreddeer@cpa-ab.org](mailto:golfreddeer@cpa-ab.org)

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