



*Registration Form*

 Yes, we would like to play in the Peder Larsen Care Beyond Belief Golf Tournament!

- Foursome (\$700)
- Individual Golfers (\$175 each)

 **Sponsorship**

We would like to support the Peder Larsen Care Beyond Belief Golf Tournament at the following level:

- Lead Sponsor
- Event Partner
- Supporting Sponsor
- Hole Sponsor
- Auction Item (description: \_\_\_\_\_ )
- Gift Bag (description: \_\_\_\_\_ )

**Contact Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization Name


\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone e-mail


Please return this form with payment to:  
Catholic Children's Aid Society of Hamilton  
735 King St E, Hamilton, ON L8M 1A1

For more information, please call 905-525-2012 ext. 3256

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***Payment Information***

Sponsor Amount: \$ \_\_\_\_\_ Golfer Amount: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Cheque

MasterCard

Visa

American Express

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. date

\_\_\_\_\_  
Signature

***Golfer Information***

#1 Name: \_\_\_\_\_

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

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

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

#2 Name: \_\_\_\_\_

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

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

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

#3 Name: \_\_\_\_\_

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

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

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

#4 Name: \_\_\_\_\_

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

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

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

***Payment Information***

Sponsor Amount: \$ \_\_\_\_\_ Golfer Amount: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Cheque

MasterCard

Visa

American Express

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Exp. date

\_\_\_\_\_  
Signature

***Golfer Information***

#1 Name: \_\_\_\_\_

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

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

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

#2 Name: \_\_\_\_\_

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

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

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

#3 Name: \_\_\_\_\_

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

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

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

#4 Name: \_\_\_\_\_

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

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

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