



## Peder Larsen *Care Beyond Belief* Golf Tournament Registration Form

### Golfer



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

- Foursome (\$800)
- Individual Golfers (\$200 each)

### Sponsorship



I/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	
Address	
Phone	
Email	

**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**

## Payment Information

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

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

Cheque       Visa       MasterCard       American Express

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

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

\_\_\_\_\_  
Signature

## Golfer Information

**Golfer #1** Name: \_\_\_\_\_

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

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

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

**Golfer #2** Name: \_\_\_\_\_

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

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

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

**Golfer #3** Name: \_\_\_\_\_

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

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

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

**Golfer #4** Name: \_\_\_\_\_

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

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

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