



Oceanside Hospice Society
Golf Tournament Fundraiser
Friday, August 15th at Fairwinds Golf Course
Registration

Player #1

Name: _____
Mailing address: _____
City: _____ Postal Code: _____ Email: _____
Phone Number: _____ Cell: _____

Player #2

Name: _____
Mailing address: _____
City: _____ Postal Code: _____ Email: _____
Phone Number: _____ Cell: _____

Player #3

Name: _____
Mailing address: _____
City: _____ Postal Code: _____ Email: _____
Phone Number: _____ Cell: _____

Player #4

Name: _____
Mailing address: _____
City: _____ Postal Code: _____ Email: _____
Phone Number: _____ Cell: _____

___ Players @ \$200.00 = \$ _____

Encl. Cheque # _____

Visa # _____

MasterCard # _____

Exp. Date _____/CVV _____

Total \$ _____

*price includes golf cart and dinner **Any dietary restrictions? _____

Return To: Oceanside Hospice Society, 210 Crescent Road Qualicum Beach, BC V9K 1J9

Phone: 250-752-6227 Fax: 250-752-6257 Email: shianne@oceansidehospice.com