



Li Michif TOURNAMENT REGISTRATION

Contact Name: _____

Address: _____

Postal Code: _____ Phone #: _____

email: _____

- I AM REGISTERING A FOURSOME FOR GOLF (\$700)
 I AM REGISTERING AS AN INDIVIDUAL, PLEASE ADD ME TO A TEAM (\$175)
 DINNER ONLY (\$35) Number of Dinner Tickets: _____ Amount: _____

OTHER MEMBERS OF FOURSOME (if applicable):

Name: _____ email: _____

Name: _____ email: _____

Name: _____ email: _____

PAYMENT INFORMATION:

- Cheque Money Order (payable to *LiMichifGolf*)
 Credit Card (Credit Card Payments processed by Collins Barrow Ottawa Chartered Accountants)

Visa or MC#: _____ Exp Date: _____

Cardholder name: _____ Amount \$ _____

SEND COMPLETED FORM TO:

registration@limichifgolf.org
Li Michif Charity Golf Classic
193 Holland Ave., Ottawa, ON K1Y 0Y3
Fax: 613-656-5044

For More Information email: info@limichifgolf.org or call 613-656-5033