



Please fill in each player's information and return to tournament office.

Player 1: _____ Company: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Player 2: _____ Company: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Player 3: _____ Company: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Player 4: _____ Company: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Payment Options: Visa Mastercard AMEX Cheque

Team of 4 Registration: **\$1,282.00** Single Players: # of players _____ x **\$325** = \$ _____

Card # _____ Expiry _____

Name of Cardholder _____

Confirmation of your registration will be emailed upon payment received.

****Please note that the credit card listed above will be charged for any auction items purchased by any member of this foursome for which payment is not received.**

Tournament Office: 4892 Dogwood Drive, Delta, B.C. V4M 1M5
Ph: (604)644-3841 Fax: (604)943-1699 Email: brodeurcharitygolf@dccnet.com