

## APPLICATION FORM

## 14th Annual Over \$540,000 Raised to Date

NAME:	COMPANY NAME:		
STREET ADDRESS:			
CITY: PROVING	CE POSTAL CODE		
WORK PHONE:	FAX:		
( )	( )		
CELL:	E-MAIL		
( )			
PAYMENT INFORMATION			
• Teams of 4 are \$1,600			
Single Entry \$500			
<ul> <li>We welcome your payment by cheque, debit, cash or</li> </ul>			
credit card. (Visa, MasterCard, American Express)			
By Cheque: Number of Golf Spo (\$500.00 each + \$75			
Team Entry \$184 ( \$1600.00 + \$240 HS			
Do you require an invoice? YES	NO		

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Payment by Credit Card:			
MasterCard Visa	Amex	_	
# on Card:		Exp. Da	ite:
No Refun	eds - Ra	vin or Shine	2
GOLFING INFORMATION			
Golfers of all abilities are welc	ome. In ord	er to create a fa	ir and equitable
scoring system, a Special Texas maximum handicap of 18.			_
YOUR HANDICAP IS	:	(max	18)
Please indicate your o	ther 3 team n	nembers: (if applic	able):
1		Handicap	(max 18)
			,
2		Handicap	(max 18)
3		Handicap	(max 18)
Rental Clubs Required? Yes	No	Men's V	Vomen's
Rental fees are additional and payable to	the clubhouse	before tee off.	
Yes, I would like to support Auction and/	or Prize Table, p	please contact me.	
Return completed application fo	rm to:		
		Halifax, NS B3J 1S1	.71

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