



REGISTRATION FORM
September 24-30, 2021

Golfer Information

Full Name: _____

Address: _____

Postal Code: _____ Telephone: _____

Email: _____

Please select the name of the golf club where you are playing:

- ☐ Hawkesbury Golf & Curling
- ☐ Lachute Golf Club
- ☐ Casselview Golf and Country Club
- ☐ Nation Golf Club
- ☐ Rockland Golf Club
- ☐ Golf Heritage

Date & Tee-Off Time: _____

*** Entry Fee: \$5.00**

Payment Method

- ☐ Cash
- ☐ Cheque (payable to: HGH Foundation)
- ☐ Other: _____

Please check off this box if you wish to be contacted by the HGH Foundation to make a donation in support of your regional hospital: ☐

SIGNATURE: _____ **DATE:** _____