



HGH FOUNDATION - 44th GOLF CLASSIC

Tuesday, July 7 and Wednesday, July 8, 2026

Shotgun Start: 10:30 a.m. - Registration: 9:00 a.m. to 10:15 a.m.

REGISTRATION FORM

Please send this form by mail, along with your payment, to the following address:

FONDATION HGH FOUNDATION
1111 Ghislain, Hawkesbury, ON K6A 3G5
Tél.: 613-632-1111, poste/ext. 21101

Player's Name: _____

Postal Code: _____

Email: _____

Address: _____
INCLUDING THE PO BOX AND THE CITY

Telephone: _____

Other players? Please write their names:

Cost per player July 7, 2026 golf + cocktail: **\$225**

1 _____ + \$ _____

Cost per player July 8, 2026 golf + banquet: **\$250**

2 _____ + \$ _____

I cannot attend; enclosed is my donation: **\$** _____

3 _____ + \$ _____

Allergies and/or food intolerance: _____

\$ _____

TOTAL = \$ _____

Please note: Due to limited seating, golfers will have priority over other guests for dinner.

WAIVER, RELEASE AND INDEMNIFICATION

I, the above-mentioned individual or group, release and discharge the Hawkesbury and District General Hospital (HGH) Foundation, the HGH Foundation Golf Classic 2026 organizers and anyone associated with this event from any claims for the duration of the event. I participate at my own risk and I assume full responsibility for injury or damages that may arise as a result of my participation in this event or activities associated with this event.

Please note there are no refunds for cancellations. If you are unable to attend, your registration fee will be considered a donation.

I am giving the Hawkesbury and District General Hospital Inc. (HGH), its Foundation, and their authorized contractors, the right to photograph, record on film, videotape, audiotape or record on any other audiovisual or electronic medium, my voice, likeness and person. I am permitting the elements previously mentioned to be used and disclosed in promotional events, activities and materials that may be widely circulated. I also understand that the publications, promotional materials and the communications material may be posted on public websites, published, and broadcasted in various information media. I agree that I will not at any time make any claim for additional compensation in respect of such uses.

Signature : _____

Date : _____

YOUR REGISTRATION WILL BE CONFIRMED UPON RECEIPT OF PAYMENT.

Payment Method

Cheque E-transfer to foundation@hgh.ca MasterCard Visa American Express

Credit Card #: _____ Expiry Date: _____

Signature to authorize payment : _____