

SIOR GOLF REGISTRATION PACKAGE



SPONSORSHIP REGISTRATION FORM

Please check the box to indicate your level of participation

- ☐ #1: On-Course Refreshments
- ☐ #2: Cocktail Reception
- ☐ #3: Dinner
- ☐ #4: Lunch
- ☐ #5: Golf Balls
- ☐ #6: Oyster Bar
- ☐ #7: Sushi Bar
- ☐ #8: Golf Cart
- ☐ #9: Photo
- ☐ #10: Hole-in-One
- ☐ #11: Premium Hole
- ☐ #12: Hole
- ☐ #13: Major Prize
- ☐ #14: Participant Gift
- ☐ #15: His & Hers Longest Drive
- ☐ #16: His & Hers Closest to the Pin
- ☐ #17: Driving Range

Other giving options:

☐ I would like to make a corporate contribution of: \$ _____

☐ I will be sending a prize

Company: _____

Contact: _____

Email: _____

Phone Number: _____

GOLF REGISTRATION FORM

Tournament Format: Scramble

SIOR Member Price: \$225 + HST = \$254.25
SIOR Non Member Price: \$295 + HST = \$333.35
Reception/Dinner only: \$100 + HST = \$113.00

☐ Twosome ☐ Foursome

Player #1:

Name: _____

Company: _____

Email: _____

Phone Number: _____

Member: ☐ Non-Member: ☐

Player #2:

Name: _____

Company: _____

Member: ☐ Non-Member: ☐

Player #3

Name: _____

Company: _____

Member: ☐ Non-Member: ☐

Player #4

Name: _____

Company: _____

Member: ☐ Non-Member: ☐

Additional Reception/Dinner Tickets: # _____

Name & Company: _____

Name & Company: _____

Name & Company: _____

Name & Company: _____

PAYMENT

Enter Total Amount \$ _____

☐ Credit Card ☐ Cheque ☐ Please Invoice Me

Make cheques payable to SIOR Central Canadian Chapter

Credit Card Information:

Type of Card: ☐ VISA

☐ MASTERCARD

Name of Cardholder: _____

Card Number: _____

Expiry Date: ____/____/____

Signature: _____

Please return completed form to:

Dory Kashin

SIOR Canada Central Chapter

720 Spadina Avenue, Suite 202

Toronto, Ontario M5S 2T9

416-920-7763 x 236

Fax: 416-929-5256

or scan and email to:

events@siorcanada.com

