



TOURNAMENT FOR LIFE Calgary, AB 2017 REGISTRATION FORM

Company Name (as it should appear on print material): _____

Contact: _____ Title: _____

Assistant/Day-to-Day Contact: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

PAYMENT

- Cheque to Mr. Lube Foundation Please invoice Visa MasterCard

Name of Cardholder: _____

Credit Card #: _____ Expiry: _____

CSV #: _____ Signature: _____

Golfer(s) x \$650 / golfer = \$ _____

Foursome(s) x \$2500 / foursome = \$ _____

Total Payable = \$ _____

Please enter player details on attached Participant form.

**Please return form
and payment to:**

Mr. Lube Foundation, 2330-6900 Graybar Rd, Richmond, BC V6W 0A5
Attention: Sue Patel T. 604.759.4302 F. 604.759.4340
Toll Free: 877.334.2323 x3302 E. spatel@mrlube.com



2017 PARTICIPANT FORM - CALGARY

TEAM CAPTAIN

Name: _____ Company: _____

TEAM MEMBER 1

Name: _____ Handicap: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

TEAM MEMBER 2

Name: _____ Handicap: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

TEAM MEMBER 3

Name: _____ Handicap: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

TEAM MEMBER 4

Name: _____ Handicap: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____