



THE 2nd ANNUAL

MARTIN, STANILOFF AND THAL CHARITY GOLF CLASSIC GOLFER REGISTRATION FORM

GOLFER #1

Name: _____ Company: _____
Address: _____
City: _____ Postal Code: _____ Phone: _____
Email: _____ Handicap: _____ Kosher Meal Requested: Yes No

GOLFER #2

Name: _____ Company: _____
Address: _____
City: _____ Postal Code: _____ Phone: _____
Email: _____ Handicap: _____ Kosher Meal Requested: Yes No

GOLFER #3

Name: _____ Company: _____
Address: _____
City: _____ Postal Code: _____ Phone: _____
Email: _____ Handicap: _____ Kosher Meal Requested: Yes No

GOLFER #4

Name: _____ Company: _____
Address: _____
City: _____ Postal Code: _____ Phone: _____
Email: _____ Handicap: _____ Kosher Meal Requested: Yes No

PAYMENT INFORMATION

Card type (Visa/MC): _____ Credit Card Number: _____ Exp.: _____

(sorry, we cannot accept American Express cards)

Name on Card: _____

Billing address: _____ City: _____ Postal Code: _____

Amount: _____ Signature: _____

(if paying by cheque, please make your cheque payable to Jewish Family Service Calgary)

MAIL YOUR ENTRY FORM TO:

ATTN: Lori Wolf
Jewish Family Service Calgary
#420 5920 - 1A Street SW Calgary, AB T2H 0G3

FOR MORE INFORMATION:

Phone: 403.287.3510
E-mail: golf@jfsc.org
www.jfsc.org