



# 6<sup>th</sup> Annual Martin, Staniloff & Thal Charity Golf Classic

D'Arcy Ranch Golf Club — Thursday August 19, 2021

## GOLFER REGISTRATION

### SCHEDULE

#### Thursday August 19

|                   |                             |
|-------------------|-----------------------------|
| 11:00am – 12:00pm | Registration and Lunch      |
| 12:00pm – 12:30pm | Clinic with Lisa "Longball" |
| 12:40pm           | Players head out in carts   |
| 1:00pm            | Shotgun Start               |
| 6:00pm            | Dinner/Awards               |
|                   | MC: Lisa "Longball"         |

### PACKAGE

*\*Includes green fees, cart, lunch, dinner banquet, tee gift and awards*

|                                   |        |    |       |
|-----------------------------------|--------|----|-------|
| Golf Foursome                     | \$1000 | \$ | _____ |
| Golf Twosome                      | \$500  | \$ | _____ |
| Single Golfer                     | \$250  | \$ | _____ |
| Dinner Guest Only                 | \$50   | \$ | _____ |
| I/We would like to add a donation |        | \$ | _____ |
| <b>TOTAL</b>                      |        | \$ | _____ |

**Entry Deadline: August 12, 2021**

### GOLFER INFORMATION

I am part of a team

I am a single golfer

*Please fill out the following. If you are paying individually but are part of a team, please indicate the names of your teammates below.*

#### GOLFER #1

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap: \_\_\_\_\_ Kosher Meal Requested: Yes / No

*I grant JFSC permission to use photos taken of me at the Golf tournament for promoting, publicizing, or highlighting JFSC and its activities.*      **Yes**      **No**

#### GOLFER #2

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Handicap: \_\_\_\_\_ Kosher Meal Requested: Yes / No

*I grant JFSC permission to use photos taken of me at the Golf tournament for promoting, publicizing, or highlighting JFSC and its activities.*      **Yes**      **No**

### GOLFER #3

Name: ..... Company: .....

Address: .....

Phone: ..... Email: .....

Handicap: ..... Kosher Meal Requested: Yes / No

*I grant JFSC permission to use photos taken of me at the Golf tournament for promoting, publicizing, or highlighting JFSC and its activities.*      **Yes**      **No**

### GOLFER #4

Name: ..... Company: .....

Address: .....

Phone: ..... Email: .....

Handicap: ..... Kosher Meal Requested: Yes / No

*I grant JFSC permission to use photos taken of me at the Golf tournament for promoting, publicizing, or highlighting JFSC and its activities.*      **Yes**      **No**

Additional Information (optional):  
.....

### PAYMENT INFORMATION

Name: ..... Company: .....

Billing Address: .....

City: ..... Postal Code: .....

Phone: ..... Email: .....

Credit Card Number: ..... Expiry Date:      /

Name on Card: .....

*\*If paying by cheque, please make payable to JFSC*

Please email completed form to Peta at [petag@jfsc.org](mailto:petag@jfsc.org),  
or mail to **420 – 5920 1A Street SW Calgary, AB T2H 0G3**  
For more information call Peta at [\(403\) 692-6389](tel:4036926389)

**Tournament proceeds support JFSC programs and services.**

JFSC is a non-denominational, accredited, non-profit social service agency dedicated to enriching lives and strengthening communities. We provide inclusive and accessible programs and services for individuals and families across their life spans, based on the values of compassion, social justice and improving the world. For information on our programs and services: [www.jfsc.org](http://www.jfsc.org)