

Central Northeast Health Foundation 23rd Annual "Golf for Health" July 6, 2023 Registration Form

Please select the appropriate box below:

- I would like to support the Tournament as a Corporate Sponsor (\$2,500)
- I would like to sponsor a team of four individuals (\$1,000) **\$900 prior to Early Bird Deadline of June 2nd**
- I would like to support the Night Before Wing Night (July 5, 2023) as a Corporate Sponsor (\$1,500)
- I would like to support the Tournament by sponsoring a hole or tee during the event (\$250)
- I cannot participate this year, however, please accept my donation of: \$ _____

Please print clearly

Organization Name: _____

Contact Person: _____

Mailing Address: _____

City / Town & Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____

___ Tournament & Luncheon - Registration \$1,000 per team of four
(Early Bird of \$900 prior to June 2nd)

___ Awards Luncheon Only - \$50.00 per additional person

Please make cheque payable to the Central Northeast Health Foundation

- Please invoice the address above, all payments will be forwarded.
I am aware that my team space is not guaranteed until registration fee has been received.
- My cheque / money order is enclosed, or

Payment by: _____ Visa _____ Mastercard

Card Number: _____ - _____ - _____ - _____ Expiration Date ____ - ____ C.V.V. ____

Authorized Signature: _____

If entering a team, please list participant names:

1. _____ 2. _____

3. _____ 4. _____

Please note that BBQ steak will be served to all participants unless we are notified of alternate selection

Completed forms and payment must be received to reserve your space.

Please send completed form and payment to:

Central Northeast Health Foundation
PO Box 222 Gander NL A1V 1W6

Phone: 709- 256-5742 Fax: 709-256-4350 Email: foundation@centralhealth.nl.ca
Facebook: www.facebook.com/cnehf Twitter: @CNEHF1 Instagram: @cne.hf

For more information, please visit our website at www.cnehf.nl.ca