



Registration Form

Saturday, August 22, 2009

Sandpiper Golf & Country Club
Box 10, Site 5, RR1 St. Albert

All proceeds of this tournament will be donated to The Kidney Foundation of Canada

Player Name	Phone Number	Email	Cap*	Visor*

*To guarantee you get a cap or visor please return your form by July 15, 2009.

Single Player Name	Phone Number	Email	Cap*	Visor*

*To guarantee you get a cap or visor please return your form by July 15, 2009.

Method of Payment

Cheque* Money Order* VISA MasterCard *Please make Cheques and Money Orders payable to AUPE

Name:	Card Number:	Expiry Date:
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Card Holder Signature: _____

Special Dietary Needs

Print off this form, fill out and submit with payment of \$110 per player

Send payments to 10451 - 170 St. T5P 4S7, c/o Heather Yuhasz
or fax to 780-930-3392, c/o Heather Yuhasz
Registration will be confirmed upon receipt of payment from the first 144 players.

A \$25 administration fee will be deducted for cancellations made prior to August 1, 2009.
Refunds will be processed following the August 22, 2009 tournament.

No Refunds after August 1, 2009

