

REGISTRATION

Company Name: _____

Primary Contact Name: _____

Phone Number: _____

Foursome Includes:

Player 1 Name

Dietary Restrictions Vegetarian Gluten-Free

Player 2 Name

Dietary Restrictions Vegetarian Gluten-Free

Player 3 Name

Dietary Restrictions Vegetarian Gluten-Free

Player 4 Name

Dietary Restrictions Vegetarian Gluten-Free

Payment Preference

Call me to process credit card over the phone

Pay by Cheque

Invoice Me

Please make cheques payable to:
Big Brothers Big Sisters of Niagara
800 Niagara Street - Unit JJ 2/3/4
Welland, ON L3C 5Z4

BE A SPONSOR:

Sponsorship Level

Call me, I would like more information

Player 1 Email

Allergies _____

Player 2 Email

Allergies _____

Player 3 Email

Allergies _____

Player 4 Email

Allergies _____