

Registration Form: Teams / Individual Names
Forest City National, Wednesday July 7, 2010

PLEASE FILL IN ALL INFORMATION FOR EACH GOLFER

1. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: (H) _____ Work: _____

2. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: (H) _____ Work: _____

3. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: (H) _____ Work: _____

4. Name: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: (H) _____ Work: _____

Entry fee (Golf and Dinner): \$150 per person x ___ = \$ _____
Dinner Only: \$45.00 per person x ___ = \$ _____
Name of dinner guest(s): _____

TOTAL PAYMENT (Taxes are included in fee): \$ _____

Cheque enclosed, payable to the Monsignor Feeney Foundation
OR CHARGE MY: _____ MasterCard _____ Visa
Card#: _____ Expiry: _____
Signature: _____

MAIL: Monsignor Feeney Foundation
Attn: Mary Anne Foster/ Lynne Ryckman
533 Clarence St. Suite 209,
London, ON N6A 3N1
FAX: 519-642-2973
EMAIL: l.ryckman@ldcsb.on.ca
CALL: (519) 641-2308