

Golfer Registration Form

Golfer 1

Name: _____ Company: _____

Handicap (Max 36): _____ Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

May we contact you with news and information from Covenant Foundation? Yes No

Golfer 2

Name: _____ Company: _____

Handicap (Max 36): _____ Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

May we contact you with news and information from Covenant Foundation? Yes No

Golfer 3

Name: _____ Company: _____

Handicap (Max 36): _____ Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

May we contact you with news and information from Covenant Foundation? Yes No

Golfer 4

Name: _____ Company: _____

Handicap (Max 36): _____ Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

May we contact you with news and information from Covenant Foundation? Yes No

Please return by August 9, 2019

Mail to: Mickey Melnyk | Covenant Foundation
Room, 3C60 11111, Jasper Ave NW
Edmonton, AB T5K 0L4

OR: Email: mickey.melnyk@covenanthealth.ca
Phone: 780-342-8664 | Fax: 780-342-8195
www.covenantfoundation.ca