

PROUDLY PRESENTED BY



Golfer Registration Form

Golfer 1	
Name:	Company:
Handicap (Max 36):	Address:
City/Province:	Postal Code:
Phone:	Email:
May we contact you with no	ews and information from Covenant Foundation?
Golfer 2	
Name:	Company:
	Address:
City/Province:	Postal Code:
Phone:	Email:
May we contact you with no	ews and information from Covenant Foundation?
Golfer 3	
Name:	Company:
	Address:
City/Province:	Postal Code:
Phone:	Email:
May we contact you with no	ews and information from Covenant Foundation?
Golfer 4	
Name:	Company:
	Address:
	Postal Code:
	Email:
May we contact you with no	ews and information from Covenant Foundation? Yes No
Please return by June	e 28, 2019

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

Email: ben.kwan@covenanthealth.ca Phone: 403-382-6449 | Fax: 780-342-8195

www.covenantfoundation.ca





OR: