

Registration Information

Option 1

Email this form

lboily@sehealth.mb.ca
mdaley-wiebe@sehealth.mb.ca

Option 2

Phone in your information

326 - 6411 ext 2094

Option 3

Mail this form

Bethesda Foundation
316 Henry Street
Steinbach, MB, R5G 0P6

Option 3

Fax this form

204 326 6931

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____ FAX _____

CHECK ONE

Please place me in a foursome

I will be part of a group

1. _____

2. _____

3. _____

ADDITIONAL BANQUET TICKET

I will require _____ extra banquet tickets @ \$50.00 ea.

CHAMBER CHALLENGE

I am participating in the Chamber Challenge Level

PAYMENT METHOD

CHEQUE (Payable to the Bethesda Foundation)

MASTERCARD # _____ EXP DATE _____

VISA # _____ EXP DATE _____

CARDHOLDER'S NAME _____

SIGNATURE _____

REGISTRATION IS TRANSFERABLE BUT NOT REFUNDABLE

PAYMENT FOR REGISTRATION WILL NOT BE ACCEPTED AT THE TOURNAMENT