

# Registration Information

## Option 1

Email this form

lboily@southernhealth.ca

## Option 2

Phone in your information

326 - 6411 ext 2094

## Option 3

Mail this form

Bethesda Foundation  
316 Henry Street  
Steinbach, MB, R5G 0P9

## 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

### CHAMBER CHALLENGE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I am participating in the Chamber Challenge Level  
(open to any mixed team with at least  
one member of the opposite sex)

### PAYMENT METHOD

CHEQUE (Payable to the Bethesda Foundation)

MASTERCARD # \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ EXP DATE \_\_\_\_\_

VISA # \_\_\_\_\_ SECURITY CODE \_\_\_\_\_ EXP DATE \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**REGISTRATION IS TRANSFERABLE BUT NOT REFUNDABLE**