

# Player Registration Form



**Golf for Parkinson's**  
at  
**Mad River Golf Club**  
Wednesday September 25<sup>th</sup>



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

How many player slots are you purchasing?    1    2    3    4  
(Please circle)

Other Players \_\_\_\_\_

Preferred 4some \_\_\_\_\_

Registration fee (excluding donation) **\$170/player\***

\*Mad River member registrants will receive \$70 credit for use in Pro Shop \_\_\_\_\_

Donation\*\* (Minimum donation \$75/player)

\*\*You will receive a tax receipt for the entire amount of the donation. \_\_\_\_\_

**Total**

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Payment by cheque only - please make cheque payable to:

**MR PARKINSON TOURNAMENT**

Mail completed form with cheque to:

**Mad River Golf Club,  
PO Box 1100,  
Creemore, L0M1G0.**

**Att: Parkinson Tournament**