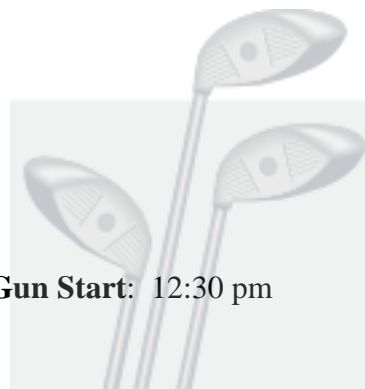


CAMP CARITAS GOLF TOURNAMENT
Club de Golf de L'Epiphanie
September 18, 2021



Golf: \$125/pp **Registration:** 10:30-12:00 **Shot-Gun Start:** 12:30 pm

Foursomes:

*Please **complete the form below** and **mail** it with your cheque(s) to:

**Camp Caritas Golf Tournament, c/o Paul Evans, 167 Chartwell Cr.,
Beaconsfield, Qc, H9W 1C2**

*Cheque payable to: ***Holy Family – Camp Charité Inc.***

(Foursome Total = \$125 x 4 = \$500)

*Tax Receipt: Please circle “Y” only if you are the one paying for the ticket(s) and the one to whom the tax receipt should be issued. If a receipt is to be issued to a separate payer, please provide their name and address separately.

1. Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Request for Tax Receipt: Y / N

2. Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Request for Tax Receipt: Y / N

3. Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Request for Tax Receipt: Y / N

4. Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Request for Tax Receipt: Y / N