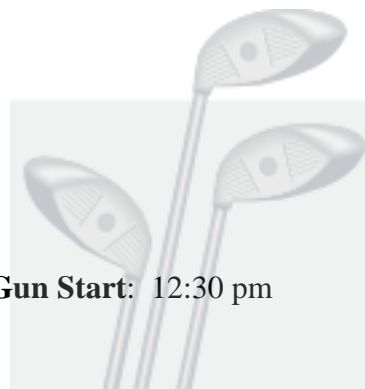


**CAMP CARITAS GOLF TOURNAMENT**  
*Club de Golf de L'Epiphanie*  
September 24, 2022



**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