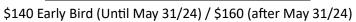




2024 Golfer Registration Form





Team N	ame:
Team Entry: ☐ Mens ☐	Ladies ☐ Mixed ☐ Single Entry (added on a foursome)
Player 1: Name:	Tel:
Email:	Address:
Player 2: Name:	Tel:
Email:	Address:
Player 3: Name:	Tel:
Email:	Address:
,	Tel:
Email:	Address:
Please make Total Amount Enclosed: \$ _	cheques payable to Community Living Brant
	□ Cheque □ Cash □ Invoice (check if you require)
Cardholder Name:	
Card No.:	
Expiry Date:	CCV:
Signature:	

Please complete this form and return it with your payment: **By mail**: Community Living Brant – 366 Dalhousie St., Brantford, ON. N3S 3W2