



CHRIS STOIKOS MEMORIAL FOUNDATION

Presents the

22nd Annual Chris Stoikos Memorial Fight Against ALS Golf Tournament

Wednesday July 6th, 2011



REGISTRATION FORM

Tournament Committee Contact Information:

MAIL OR FAX TO: Chris Stoikos Memorial Foundation
78 Fern Valley Cres.
Richmond Hill, Ontario
L4E 2J4

HOME #: 905-508-6477
FAX#: 905-773-7962
E-Mail: info@chrisstoikosmemorial.com

PARTICIPANT'S NAME: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ EMAIL: _____

PLEASE RESERVE _____ PLAYER(S) @ \$275.00 EACH TOTAL GOLF \$ _____ (A)
(\$295.00 after June 17th, 2011)

MEMBERS OF FOURSOME PLAYING:

				Payment Encl.
1.	_____	_____	_____	Y/N
	NAME	E-MAIL	PHONE #	
2.	_____	_____	_____	Y/N
	NAME	E-MAIL	PHONE #	
3.	_____	_____	_____	Y/N
	NAME	E-MAIL	PHONE #	
4.	_____	_____	_____	Y/N
	NAME	E-MAIL	PHONE #	

ADDITIONAL DINNER GUEST(S) (non golfers):

PLEASE RESERVE _____ DINNER PACKAGE(S) @ \$65.00 EACH \$ _____ (B)

SPONSORSHIP and DONATION

TAX RECEIPTS FOR SPONSORSHIPS AND DONATIONS WILL BE ISSUED TO THE ADDRESS BELOW FOR THE MAXIMUM ALLOWED BY THE CRA.

I cannot attend but would like to make a donation of \$ _____

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

(Please mark package, if applicable)

CORPORATE SPONSORSHIP PACKAGE: PLATINUM / GOLD / SILVER / BRONZE / HOLE / OTHER

CORPORATE SPONSORSHIP PACKAGE AMOUNT \$ _____ (C)

TOTAL AMOUNT (A + B + C) = \$ _____

PAYMENT BY: CHEQUE VISA MASTERCARD AMEX

CARD # _____ / _____ / _____ / _____ EXPIRY: _____ / _____

AUTHORIZED SIGNATURE: _____ DATE: _____

Please make cheque(s) payable to: **CHRIS STOIKOS MEMORIAL FOUNDATION**
PLEASE FORWARD A COPY OF THIS DOCUMENT WITH ACCOMPANYING CHEQUE TO THE ABOVE ADDRESS.

THANK YOU FOR BECOMING A PARTNER IN CARE