## **Registration Form**

**NAME 1**

Address

City

Postal Code

Phone

Email

**NAME 2**

Address

City

Postal Code

Phone

Email

**NAME 3**

Address

City

Postal Code

Phone

Email

**NAME 4**

Address

City

Postal Code

Phone

Email

**I am golfing with**



Foursome ($500)

Couple ($250)

**Individual Golfer ($125)**

**I will donate to an Acquired Brain Injury Survivor**

Flag Sponsor ($250)

Dinner Only ($50)

Prize Donation (Value $

Item donated:

**Sunday, September 21, 2014**

Registration at 11:00 AM

BBQ Lunch at 11:30 AM

Shot-Gun Start at 1:00 PM

Dinner at 6:00 PM

#### REGISTRATION

Please register on-line at

[www.rkattenhornteedoffatcancer.weebly.com](http://www.rkattenhornteedoffatcancer.weebly.com)

E-Transfers from online banking to

[robteedoffatcancer@gmail.com](mailto:robteedoffatcancer@gmail.com)

or complete this form and mail it to:

Lawlor Therapy Support Services Inc.

Attention: Angie Cunningham

1550 South Gateway Road

Mississauga ON L4W 4G8

Cheque (payable to Rob Kattenhorn-Teed off at Cancer)

Visa / MasterCard exp. /

Card #:

Name on Card:

Security Number:



“If this program didn’t exist, I would be sitting at home doing nothing and I wouldn’t have the recovery that I have experienced”

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