## **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

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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