



2017 Links & Legends Golf Tournament Golfer Registration Form

Golfer #1 (Team Captain)

Name: _____ Handicap: _____
Company Name: _____ Address: _____
City, Province, Postal Code: _____ Phone: () _____
Email: _____

Golfer #2

Name: _____ Handicap: _____
Email: _____

Golfer #3

Name: _____ Handicap: _____
Email: _____

Golfer #4

Name: _____ Handicap: _____
Email: _____

Team Fee: \$1,200 Individual Player Fee: \$350

Method of Payment: Credit Card Cheque (Payable to The Educational Partnership Foundation)

Credit Card Number: _____ Expiry: /

Cardholder Name: _____ Signature: _____

***Please note that registration fees are due in full at time of registration and are transferable but non-refundable.**

Please return this form to The Educational Partnership Foundation
Suite 404, 602 – 11th Avenue SW Calgary AB, T2R 1J8
Kevin.strybosch@tepf.ca